

First Capitol Auction Inc.

ABSENTEE BID FORM

Fill out form below and return or fax to (707) 552-8613.

DATE OF AUCTION: _____ BIDDER #: _____

BIDDER NAME: _____ DRIVER LICENSE #: _____

COMPANY NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

TELEPHONE #: _____ FAX #: _____

NAME OF BANK: _____

CREDIT REFERENCE: _____

LOT #	DESCRIPTION OF LOT	BID AMOUNT

METHOD OF PAYMENT:

_____ Certified Check _____ Wire Transfer _____ Company Check*
(*Need Bank Letter of Guarantee)

My signature below guarantees purchase of the lot(s) indicated above should I be awarded the highest bid.

Signature _____

Date _____

