

CLIENT ITEM INFORMATION & RECEIPT

Name: _____ Date: _____

Address: _____ City, State, Zip _____

Phone: _____ Email: _____

Item Description (Help us get the best price for you by providing as much detail as you can about your item):
(For BASIC service – this will be the listing description) Use back of sheet for additional space.

Noted Flaws: _____

ALL ITEMS NOT PICKED UP WITHIN 10 DAYS OF OUR NOTIFICATION TO PICK UP THE ITEM WILL BE DISPOSED OF

If not sold: (circle one) I will pick up within 7 days throw away for me _____ initial ***PLEASE INITIAL SELECTION***

Reserve Price: \$ _____ (minimum amount you are willing to sell for) Value (if known): \$ _____

Seller Signature

FOR OFFICE USE ONLY

Auction Item Number: _____

FEES

Service Level : Basic Premium Partnership Club

Listing Fee Paid: \$ _____ Reserve Fee: \$ _____

Other Fee: _____ \$ _____

TOTAL FEES PAID: \$ _____

Preferable Shipping Method:

Listing/Shipping Notes: Lp/u Flat Calc

Location:

IN

LISTING

SHIPPING