KODNER

Bidder #

☐ABSENTEE BID
☐PHONE BID

Auction Date

LOT #	ITEM DESCRIPTION (SHORT)	BID AMT.

NAME: **COMPANY:**

BILLING ADDRESS:
CITY: **STATE:** **BILLING ZIP:** **COUNTRY:**
PHONE NUMBER: /
E- MAIL ADDRESS:

Name on Card:

Credit Card: / / / **Exp. Date:** / **Type: Visa ☐ M/C ☐Amex ☐**

ALL KODNER SALES ARE GOVERNED BY OUR TERMS AND CONDITIONS. PLEASE FULLY READ AND REVIEW THE TERMS AND CONDITIONS PRIOR TO PLACING ANY BIDS. WHEN REGISTERING TO BID OR SUBMITTING A BIDDER REGISTRATION FOR YOU ARE AGREEING TO OUR TERMS AND CONDITIONS. IF YOU DO NOT UNDERSTAND OR AGREE TO THESE TERMS DO NOT REGISTER TO BID. ITEMS TO BE PICKED UP BY THE BUYER OR AGENT FOR THE BUYER MUST BE PICKED UP WITHIN 10 DAYS CALENDER FOLLOWING THE AUCTION. PICK-UP AT THE GALLERY M-F 10AM TO 4:30PM (EST). ITEMS NOT PICKED UP WITHING 10 DAYS WILL BE PLACED IN STORAGE AT AFEE OF $10.00 PER ITEM PER DAY.

Signature_____

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