

**FAIRFIELD TOWNSHIP AUCTION
BIDDER REGISTRATION FORM**

AUCTION TITLE _____ AUCTION DATE _____

TITLE _____ FIRST NAME _____ LAST NAME _____

STREET _____

CITY _____ STATE/PROVINCE _____ ZIP CODE _____

DAYTIME PHONE _____ MOBILE NUMBER _____ FAX _____

E-MAIL _____

PAYMENT OPTION _____ CHECK/MONEY ORDER _____

BILLING ADDRESS (IF DIFFERENT)

STREET _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____ COUNTRY _____

ALL SALES ARE FINAL!

PLEASE WRITE CLEARLY

* I UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THE AUCTION.

SIGNATURE _____ PRINT NAME _____ DATE _____