

AUCTION REGISTRATION

(Please return as quickly as possible)

Name _____ Home Phone _____

Address _____ Business Phone _____

City _____ State _____ Zip _____ Tax Resale# _____

Email _____ Cell Phone _____

My interests are: ___ Arcade ___ Jukeboxes ___ Advertisement ___ Vintage auto parts/accessories

___ Catalin Radios ___ Trade Stimulators ___ Slots ___ Civil War/History ___ Music Boxes

Conditions

1. The Auction Company is not responsible for any personal injury on these premises during the sale.
2. Terms: Cash, Cashier's Check, or prior approved personal check.
3. This is a private auction and we reserve the right to exclude or expel anyone.
4. Purchaser will pay all sales tax on all items purchased unless a valid tax number is provided.
5. We do not accept any responsibility for failure to execute any absentee bid.
6. The auctioneer's rule in case of a tie bid is final.
7. All merchandise is sold "AS IS, WHERE IS." There are no expressed or implied warranties of any kind on any item.
8. Any announcement at auction takes precedence over any previously announced statements.
9. Payment will be made by purchaser immediately upon close of sale and prior to removal of merchandise.
10. A buyer's premium of 10% will be charged to all lots.

Auction Location

Day 1

**8964 Thomaston Road
Macon GA. 31220**

Auction Location

Day 2

**8964 Thomaston Road
Macon, GA. 31220**

I have read the auction conditions and I fully understand them, and I am enclosing:

___ \$25.00 per person for registration and admission (nonrefundable); \$25.00 per person includes a brochure and admission to the auction both Saturday and Sunday.

___ \$50.00 option includes registration, brochure, and a seat if available on a first come/first served basis both Saturday and Sunday.

___ \$100 per person includes a brochure and a reserved seat \$100 options apply to purchase, up to two people per bidder number, nontransferable. Covers both Saturday and Sunday. As always seating will be limited so go ahead and reserve your seat.

Signature: _____

Date: _____

Make Check Payable to Preston Evans

Mail payment to:

Karen Braswell, 110 Clarksville Ct., Macon, GA 31210

Phone: (678) 296-3326 **Email:** presto434343@yahoo.com or kdbraswell01@yahoo.com