

Telephone Bid Form

In order to register to bid with Leski Auctions, please complete this form and fax to +61 3 9012 4242 or scan and email to accounts@leski.com.au



727-729 High Street, Armadale, VIC, 3143
+61 3 8539 6150 www.leski.com.au

NAME
(please print clearly)

EMAIL ADDRESS
(for invoice & correspondence purposes)

INVOICE ADDRESS
(PO Box not sufficient)

CITY STATE POST CODE

COUNTRY

TELEPHONE NUMBER(S)
(in order of preference) 1. 2.

Please tick here if you do not want to receive special invitations and online auction catalogues by email.

BIDDER #
(Office Use Only)

AUCTION # & TITLE

We value your privacy and will not disclose your details to any third party. You may request that your details are removed from our database at any time.

Please scan or fax a copy of Photo ID, either a drivers licence or passport if you have not previously purchased with Leski Auctions.

Lot Number Catalogue Cover Bid – Not including buyer's premium
(in order) Description or GST (where applicable)

Lot Number (in order)	Catalogue Description	Cover Bid – Not including buyer's premium or GST (where applicable)
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$
		A\$

I authorise Leski Auctions to register bids on a per lot basis up to the maximum price I have indicated for each lot. I will not hold Leski Auctions responsible for any errors that may occur.
I understand that if my bid is successful, the purchase price will be the sum of my final bid plus the buyer's premium of 19.5% of the final bid price plus any GST payable on the hammer price, as indicated in the catalogue with a † symbol. GST will be charged on the buyer's premium. If the Resale Royalty Scheme is applicable 5% will be charged on the hammer price only. The Resale Royalty Scheme is denoted by the \$ symbol in the catalogue and online at www.leski.com.au

I have read and accepted Leski Auctions' terms and conditions as printed in the catalogue and online at www.leski.com.au
Bids will not be processed unless this form is signed.

SIGNATURE _____ DATE _____

CARDHOLDER'S NAME _____

CARD NUMBER [][][][] [][][][] [][][][] [][][][]

CARD EXPIRY DATE [M][M] / [Y][Y] CCV NUMBER [][][] (the last three digits above your signature on the reverse of your card)

SIGNATURE OF CARDHOLDER _____

- Please tick your desired shipping method
- I will collect my purchase/s
 - I will arrange my own shipping
 - I wish to be contacted regarding shipping
- Please tick your payment type
- Direct Deposit
 - Cheque
 - Cash
 - Credit Card (Visa/Mastercard/AMEX only)

Please Note: Buyers' Premium: 19.5% plus GST for all Australian residents | Visa, MasterCard and American Express surcharge: 1.75%