



Your name (as invoiced): \_\_\_\_\_

<b>Contact Information</b>
Phone no. (1):
Phone no. (2):
Fax no.:
Email address:

**FAX THIS FORM TO: (214) 481-9501**

I authorize \_\_\_\_\_ to pick the below-listed item(s) up:  
*(please specify shipping company, franchise location or 3rd party)*

Purchases	
Sale no.:	Lot no(s).:

Consignments	
Consignment no.:	Item ID(s):

**IMPORTANT NOTICE:**

Invoice payments by check and wire transfer may result in processing delays. Payments must be posted to your account before property is released.  
Your property may not be available for pickup at our main location; please verify the location where your property will be released before pick-up.

**For more information regarding the collection of property, please see the Conditions of Sale.**

Items will NOT be released without a signed authorization from the invoiced buyer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_