Commission Bidding Form

Title:	First Name:	Surname:
Address:		
		Post Code:

Telephone No:

Mobile No:

Email:

Date of Sale:

I hereby request Excalibur Auctions to bid on my behalf at the above sale for the under-mentioned lots (use continuation sheet if necessary) up to the prices indicated and as cheaply as possible as permitted by other bids and/or reserves. . I accept that no responsibility can be accepted for commission bids not placed, and that Commission bids may be refused at the absolute discretion of the Auctioneers. I understand that a buyer's premium of 20% (Plus VAT) applies to this sale and confirm that I have read and accept the Conditions of Sale. Please charge my following card with the total cost of my successful bids plus buyer's premium.
Bid forms without the following details completed cannot be accepted.

Mastercard/Visa: personal credit-card* / personal debit-card* / Company credit-card* / Company debit-card*

(*please circle one of above) Card no: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Exp Date: _ _ / _ _ CVV no **: _ _ _ Name on card: ……

Signed: …… Date: …… 20 …….

** *last 3 digits on reverse of card*

PLEASE PROVIDE US WITH PHOTOGRAPHIC IDENTIFICATION OR A RECENT UTILITY BILL SHOWING YOUR BILLING ADDRESS

LOT NUMBER	Description	Commission bid

Send or email this completed form to:
Excalibur Auctions Limited, Unit 10 Chiltern Business Centre, 63-65 Woodside Road, Amersham HP6 6AA
Email: enquiries@excaliburauctions.com

LOT NUMBER	Description	Commission bid