



Shipping Authorization Form

Auction Date: **February 2008 – 08/02M**

Invoice# _____ All Purchases Selected Lots# _____

Name: _____ Company: _____
(As indicated on invoice or consignment contract)

Shipping Company Information:

Name: _____

Phone Number: _____ Contact: _____

Approximate Date of Pick-up: _____

*I authorize the above shipping company to pick-up my purchase/s as indicated above. I understand that handling of purchased lots by Neal Auction Company are at the risk of the purchaser. Final arrangements and agreements are strictly between the buyer and the shipper. Neal Auction is not responsible for the buyer's choice of a shipper or to any occurrences during shipping. ALL ITEMS ARE PURCHASED **'AS IS' AND 'WHERE IS' WITHOUT WARRANTY.** All items purchased must be PAID IN FULL and checks cleared before purchases can be released. All consignment fees must be paid in full prior to release.*

☆ Buyer / Consignor Signature: _____ **REQUIRED**

Date: _____

**** PLEASE FAX THIS FORM TO 504-617-6539 OR 504-897-3808 ****