

SHIPPING AUTHORIZATION FORM

Auction Date:

Purchaser Information:

Invoice# _____ All Purchases Selected Lots#

Name: _____ Company:

Shipping Company Information:

Name:

Email Address:

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 Ascendant Auction Galleries is at the risk of the purchaser.

*Final arrangements and agreements are strictly between the buyer and the shipper. **Ascendant Auction Galleries 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.*

Buyer Signature: _____ **REQUIRED**

Date: ____ / ____ / ____

**** PLEASE EMAIL to Bid@ascendantauctions.com ****

**** PLEASE FAX to 724-581-5062 ****