TELEPHONE BID FORM

mossgreen-webb's
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PO Box 99251, Newmarket
Auckland 1149, New Zealand
+64 9 524 6804
mail@mossgreen-webbs.co.nz
www.mossgreen-webbs.co.nz

In order to register to bid with Mossgreen-Webb's, please complete this form and post to PO Box 99251, Newmarket, Auckland 1149, or scan and email to mail@mossgreen-webbs.co.nz

NAME
(please print clearly)

EMAIL ADDRESS
(for invoice & correspondence purposes)

INVOICE ADDRESS
(PO Box not sufficient)

CITY POST CODE

COUNTRY

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

☐ SUBSCRIBE to Mossgreen-Webb's E-News for updates on auctions, gallery and private sales.

BIDDER #
(Office Use Only)

AUCTION # & TITLE
(Please PRINT Auction # & title here)

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 driver's licence or passport if you have not previously purchased with Mossgreen-Webb's.

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

I authorise Mossgreen-Webb's to register bids on a per lot basis up to the maximum price I have indicated for each lot. I will not hold Mossgreen-Webb's responsible for any errors that 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 17.5% of the final bid price plus any GST payable on the hammer price, as indicated in the catalogue. GST will be charged on the buyer's premium.

I have read and accepted Mossgreen-Webb's terms and conditions as printed in the catalogue and online at www.mossgreen-webbs.co.nz Bids will not be processed unless this form is signed.

SIGNATURE DATE

Please tick your desired shipping method

☐ I will collect my purchase/s or arrange shipping
☐ I wish to be contacted regarding shipping

Please tick your payment type

☐ Direct Deposit ☐ Cheque ☐ Cash
☐ Credit Card (Visa/Mastercard/AMEX only)

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 Note: Credit Card payments will be accepted for Visa and Mastercard with a 2.2% surcharge and American Express with a 3.3% surcharge.