



### HRCAA Inc. Auction Vendor Form

**ATTENTION - Before filling out form, please read *VENDOR'S INSTRUCTIONS***

Auction Name:

Sheet   
of

**Vendor Details:**

First Name:   
Last Name:   
HRCAA Number:   
Address:   
  
Email Address:

State:   
Postcode:   
Phone:



*I certify I have read and agree to the HRCAA Inc. Policy and Procedures - 'Auction & Sales Table Guidelines and Rules'.  
As the Vendor I authorise the HRCAA Inc. to be the agent to conduct the sale of items listed herein.*

Tick Box

**Payment Method:**

Choose either   Pay By Cheque  Tick Box  
 OR  Pay By EFT Complete bank details below  Tick Box

Account Name:   
BSB No:   
Account No:

Bank Name:

*I certify that the bank details are true and correct.*

Tick Box

| Lot | Make | Description | Condition | Vendor | Reserve | Sold \$ |
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