

3906 CRESCENT STREET, 2<sup>nd</sup> Floor LONG ISLAND CITY, NY 11101

Phone: 718-393-3888

Fax: 718-392-3888

Email: info@antiquereader.com

Paddle Number: \_\_\_\_\_

**General Notice:** This sale will be conducted in accordance with Antique Reader Terms and Condition, and your bidding and buying at the sale will be governed by such terms and conditions. Please read the Terms and Conditions relating to this sale and other published notices and terms relating to bidding.

**Notice to Absentee Bidders:** In the table below, please provide details of the lots on which you wish to place bids at least 24 hours prior to the sale. Bids will be rounded down to the nearest increment. Antique Reader will endeavor to execute bids on your behalf but will not be liable for any errors or non-executed bids.

**Please mail, email or fax the completed Registration Form and requested information to the above address.**

\* By providing your email address below, you authorize Antique Reader to send you marketing materials and news concerning Antique Reader's upcoming auctions. Antique Reader does not sell or trade email addresses.

Title		First Name	
Last Name			
Driver's License Number			
Company Name			
Address 1			
Address 2			
City			
State		Zip/Postal Code	Country
Email*			
Telephone (Daytime)			
Telephone (Evening)			
Telephone (Cell)			
Fax			

Lot Number (Bid is per Lot Number as listed in catalog)	Lot Description	To Bid Amount (Excluding Buyer's Premium)	Lot Number (Bid is per Lot Number as listed in catalog)	Lot Description	To Bid Amount (Excluding Buyer's Premium)

You instruct us to execute each absentee bid up to the corresponding bid amount indicated above. In the event of any discrepancy, lot number and not lot description will govern. **Please contact Antique Reader with questions about shipping, to acquire proper forms, and for a list of third-party shippers: [www.antiquereader.com](http://www.antiquereader.com), email: [info@antiquereader.com](mailto:info@antiquereader.com), tel +1 (718) 393 3888, Fax +1 (718) 392 3888**

DO YOU HAVE A RESALE PERMIT?

**YOU AGREE THAT YOU HAVE READ AND UNDERSTAND OUR TERMS AND CONDITION AND SHALL BE BOUND BY THEM. THIS AFFECTS YOUR LEGAL RIGHTS.**

Signature	Date
-----------	------

Name as it Appears on card	
Card Number	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover	Expiration Date            ___/___/___

Billing Address (if different)
Cardholder Signature