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Autumn Autograph Auction #233
Thursday, November 6, 2003 - **1:00 PM**
At The Historic Algonquin Hotel
59 West 44th Street, New York, NY 10036

FOR OFFICE USE ONLY
No.: _____
Dep: _____
Date Received: _____

AUTOGRAPH BID SHEET SALE #233

Please check here if this is a confirmation of bids previously submitted by phone or fax. ☐

NAME _____
PRINT CLEARLY

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ DAY PHONE _____ FAX _____

LOT	DESCRIPTION	BID	LOT	DESCRIPTION	BID

Bids below 60% of the published estimate will not be accepted.

Please note that a 15% buyer's premium will be added to each lot purchased.

I do hereby authorize R.M. Smythe & Co. to execute the above bids at their auction sale, and agree to the terms and conditions governing this sale as stated in the catalogue. I also agree to remit payment promptly upon receipt of invoice or notification that my bids were successful. I fully understand that this signed bid sheet constitutes an agreement between me and R.M. Smythe & Co., Inc. I have read and agree to the terms of sale.

SIGNED ..... DATE .....

Additional bids may be listed on the other side.

Bids below 60% of the published estimate will not be accepted.

LOT	DESCRIPTION	BID	LOT	DESCRIPTION	BID

SPECIAL SHIPPING INSTRUCTIONS _____

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_____

If previous SMYTHE bidder, please check box ☐ If not, please give the following information:

R.M. SMYTHE CREDIT INFORMATION

Full Name .....

Home Address .....
Street Number City or Town State Zip Years There

EMPLOYMENT OR BUSINESS

Name of Company .....

Street Address .....

City ..... State ..... Zip .....

Phone No. ..... Ext. No. .....

Position ..... Years There .....

Bank Accounts Regular ☐ Commercial ☐

Bank .....

Account # .....

Address .....

City..... State..... Zip.....

Charge Accounts .....

.....

REFERENCES

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