## **NINDOOINBAH BULL & FEMALE SALE**

## **Delivery Instruction Sheet**

PLEASE COMPLETE AND FAX TO ELDERS TOOWOOMBA 0746907888
OR email to: <u>lisa.hedges@elders.com.au</u>

## NO VERBAL DELIVERY INSTRUCTIONS WILL BE ACCEPTED

At the conclusion of the sale we require you to supply DELIVERY INSTRUCTIONS and INSURANCE REQUIREMENTS and to check your purchases off by completing this form.

| <b>N</b> ame: |              |             |          |          |                  |        |       |  |
|---------------|--------------|-------------|----------|----------|------------------|--------|-------|--|
| PIC No        |              |             |          |          |                  |        |       |  |
| Trading Nam   | ne (if diffe | rent):      |          |          |                  |        |       |  |
| Address:      |              |             |          |          |                  |        |       |  |
| Town:         |              |             |          |          | StatePostcode    |        |       |  |
| Phone Number: |              |             |          |          | Mobile:          |        |       |  |
| Email:        |              |             |          |          |                  |        |       |  |
| Invoice to:_  |              |             |          |          |                  |        |       |  |
| Lots Purchas  | sed:         | Bid Card    | No.      |          |                  |        |       |  |
| Lot No        | Price        |             | Lot No   | )        | Price            | Lot No | Price |  |
|               |              |             |          |          |                  |        |       |  |
|               |              |             |          |          |                  |        |       |  |
| Owner Trans   | sport / Ot   | her:        |          |          |                  |        |       |  |
| Direction/In  | structions   | 5:          |          |          |                  |        |       |  |
| Do you requ   | ire the Tra  | ansfer of I | Registra | tion Cer | tificates: YES [ |        |       |  |
|               |              |             | _        |          | •                |        |       |  |
|               |              |             |          |          |                  |        |       |  |
| Insurance     | Require      | d? YES      | / NO.    | Туре     | / Period Requ    | uired  |       |  |
|               |              |             |          |          |                  |        |       |  |

Please take care to complete these instructions accurately.

Date:

Signature: