FILL△the△GAPS

DATE: …….. /…….. /……..

ON-LINE BIDDING FORM **SALE No 9** cut-off **Friday 13th SEPT.** (noon)

Full Name: ……

Address: ……

……

Postcode: ……

Phone no: ……

eMail: ……

We welcome any comments you may have about our catalogue:

……

……

[ ] Please add me to the Bil & Co (our larger lots) Auction Catalogue

Please send a FILL the GAPS catalogue to someone else I know:

Their Full Name:……

Their Address (including postcode:……

……

……

Phone/Mobile no: ……

eMail (optional): ……

METHOD OF PAYMENT (please tick the appropriate box)

[ ] Blank CHEQUE signed & marked 'not to exceed' Payable to '**Fill the Gaps'**

[ ] CREDIT Card No: Security Code:

(Visa–Mastercard) **EXPIRY** Date:…….. /……

If Visa DEBIT/Maestro Card tick:[ ] Issue no …….. (for Maestro cards)

[ ] PRO-FORMA Invoice [ ] Bank Transfer – details on our invoice

FILL△the△GAPS on-line bid form sale no 9

My bids ARE/ARE NOT in order of preference (delete as appropriate)

Please LIMIT my purchases to no more than £ ……

Lot#	Country	£ Bid		Lot#	Country	£ Bid

Fill the Gaps, 6 Pottergate Road, Ancaster, Grantham. NG32 3QZ

Please bid on my behalf up to the prices **I have entered above** for lots as described in the Auction catalogue.

I agree to and understand the rules of the sale

SIGNED: ……..……