



**AUCTIONEERS**

[www.irsauctions.com](http://www.irsauctions.com)

Ph: 717-854-0316 Fax: 717-843-7826

**PROXY BID FORM**

Today's Date: \_\_\_\_\_ Auction Date: \_\_\_\_\_ **All Information is Required**

Name of Auction: \_\_\_\_\_

Your Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lot #	Description	Amount of Bid
1		
2		
3		
4		
5		
6		

Check here if you would like us to bid one (1) increment over the proxy bid if we deem you may be successful against the floor bidder.

PLEASE NOTE: A 10% buyers premium will be added to the above bids as well as any applicable sales tax. Sales tax will be charged unless you supply us with a current resale tax certificate for the state in which the auction is being conducted. A 25% deposit of the total of all bid(s) must be received three (3) days prior to the auction date. All funds (including the 25% deposit) must be in the form of a bank wire transfer, certified or cashier's check payable to Industrial Recovery Services. Balance is due immediately upon notification of a winning bid(s). Company or personal checks payable to the auctioneer will be accepted only if accompanied by a bank letter of guarantee made payable to the auctioneer in accordance with the terms listed in the auction brochure. **Deposits will be refunded by mail within 5 business days of the auction if the bidder is not successful. Bids of less than \$1,000 will not be accepted on the day of the auction.** Proxy bidders may not be successful if the next bidding increment is larger than their bid or for any reason at the auctioneer's discretion. IRS is not liable for missed, lost or misdirected proxy bids.

**If more than 7 days prior to sale,  
Mail this form with your check to:**  
Industrial Recovery Services  
Attn: Matt Allen  
PO Box 5086  
York, PA 17405

**If less than 7 days prior to sale,  
Ship overnight to:**  
Industrial Recovery Services  
Attn: Matt Allen  
365 West Cottage Place  
York, PA 17403

**Please Call Our Office For For  
Wiring Details: 717-854-0316**

All parties intend and agree that a facsimile of this with signature shall thereon be treated as an original and shall be deemed to be as an original signature for all purposes.

Acknowledge & Agreed Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_