



HALTWHISTLE PARTNERSHIP LTD

AUCTION REGISTRATION FORM

Auction Name:								
Date of Auction:								
PERSONAL INFORMATION								
Full Name:								
Address:								
Town or City:								
Postcode:								
Phone Number:								
Email Address:								
Date of Birth (optional)								
BIDDING INFORMATION								
Have you participated in auctions before?	YES:		NO:					
Bidder Number (Assigned by Staff)								
PAYMENT INFORMATION								
Preferred Payment Method:	Cash		Credit Card		BACS		Cheque	
AGREEMENT								
By signing below, I agree to abide by the auction rules and terms and conditions. I certify that the information I have provided is true and correct.								
Signature:					Date:			

Thank you for your interest in the Haltwhistle Partnership Charity Auction.