

Multi-Buyer(s) Form

(One Animal per sheet)

Please complete **ALL** information in full including **Email** for billing purposes

(Please print clearly and use pen or pencil to complete the form. **NO** Markers)

Please do not list any buyers under \$1.00 for Swine & \$.25 for Steer

(Anything below list above the participant is responsible for collecting.)

Exhibitors Name _____ **Weight** _____ **Ear Tag #** _____

Name(First & Last) Karen Brown Amount per pound \$1.00

Company Clay County Fair Association

Billing Address 2493 State Road 16 We

City Green Cove Springs State FL Zip 32043

Phone 904-284-1615 **Email** info@claycountyfair.org

Name(First & Last) _____ Amount per pound _____

Company _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ **Email** _____

Name(First & Last) _____ Amount per pound _____

Company _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ **Email** _____

Name(First & Last) _____ Amount per pound _____

Company _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ **Email** _____

Name(First & Last) _____ Amount per pound _____

Company _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ **Email** _____

BUYER PLAQUE (Buyer Name) _____

If you have a specific buyer that you want to receive the plaque you **MUST** list them here, or it will go to the highest buyer.

PLEASE GIVE THIS TO AUCTIONEER AT TIME OF PURCHASE.

Keep Meat: YES NO

Buy Back:

Donated: _____

Destination:

Nettles

Other

List if other: _____

Contact Name: _____

Contact Number: _____

IF ANY BUYER INFORMATION IS INCOMPLETE, THAT BUYER WILL NOT GET BILLED AND DEDUCTED FROM PARTICIPANTS CHECK