

# Multi-Buyer(s) Form

(One Animal per sheet)

Exhibitors Name \_\_\_\_\_ Ear Tag # \_\_\_\_\_ Total Sale Price \$ \_\_\_\_\_

Weight of Animal: \_\_\_\_\_

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

Complete **ALL** information in full including **Email** for billing purposes

**IF ANY BUYER INFORMATION IS INCOMPLETE, THAT BUYER WILL NOT GET BILLED OR IS NOT PAID BY 10 DAYS AFTER RECEIPT OF INVOICE. THE AMOUNT WILL BE DEDUCTED FROM PARTICIPANTS CHECK**

**Do not list any buyers under \$1.00 for Swine & \$.25 for Steer**

(Any less than \$1.00 for Swine & \$.25 for Steer the participant is responsible for collecting.)

**Give this to the auctioneer at time of purchase.**

**NO ADD ONS ONCE ANIMAL IS SOLD**

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

Company Clay County Fair Association

Billing Address 2493 State Road 447

City Green Cove Springs State FL Zip 32043

Phone 904-284-1615 Email karen@claycountyfair.org

Buyer Signature: Karen Brown

**EXAMPLE**

Name (First & Last) \_\_\_\_\_ Amount per pound \_\_\_\_\_

Company \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Buyer Signature: \_\_\_\_\_

Name (First & Last) \_\_\_\_\_ Amount per pound \_\_\_\_\_

Company \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Buyer Signature: \_\_\_\_\_

Name (First & Last) \_\_\_\_\_ Amount per pound \_\_\_\_\_

Company \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Buyer Signature: \_\_\_\_\_

Name (First & Last) \_\_\_\_\_ Amount per pound \_\_\_\_\_

Company \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Buyer Signature: \_\_\_\_\_

Name (First & Last) \_\_\_\_\_ Amount per pound \_\_\_\_\_

Company \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Buyer Signature: \_\_\_\_\_

Name (First & Last) \_\_\_\_\_ Amount per pound \_\_\_\_\_

Company \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Buyer Signature: \_\_\_\_\_

**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 bidder.