



Desert Empire Fair Junior Livestock Auction

Buyers Authorization, Designation, & Auction Number Application

I hereby appoint _____
(Print name of person doing the bidding) (Bidder's Signature)

Of _____
(Address) (City / State) (Zip Code) (Daytime Phone Number)

As my Attorney-in-Fact, for me and in my name, place and stead, to purchase livestock at the 20__ Desert Empire Fair Junior Livestock Auction; and to bid on, and to bargain and agree to purchase livestock at such auction, to instruct the Staff and Superintendent of the Desert Empire Fair Junior Livestock Committee as to the disposition of a purchase.

(Name of Seller) (Seller's Phone #) (Club / Chapter)

Giving and granting to my Attorney-in-Fact, full power and authority to do and perform all acts necessary or proper to be done in the purchase of an animal at such livestock auction as fully as I might or could do if personally present, hereby ratifying and confirming all that my Attorney-in-Fact shall lawfully do and binding myself to such actions.

I authorize my Attorney-in-Fact to purchase a () hog, () lamb, () poultry, () rabbits, or () goats for a price not to exceed \$ _____ per pound, or a flat sum of \$ _____.

I understand that I and my Attorney-in-Fact may dispose of the purchased animal as follows:

- () 1. Request resale, in which event the proceeds of such resale will be credited against the amount due from me for the purchased animal.
- () 2. Request that the animal be custom processed, and the carcass be delivered to:
() Barstow Country Meats or () Tendercuts Meats
- () 3. Pick up live animal
- () 4. Have no interest in the animal, please donate back to Desert Empire Fair Junior Livestock

I have checked the box above indicating my request for disposition of the purchased animal.

I hereby agree to pay such billing. In the event I fail to pay such billing, I agree to pay reasonable attorney fees and all cost incurred in effecting collection. If a buyer's TOTAL BILL is \$100 or less, it must be paid on or before auction day. Buyer invoice is due and payable with 30 days of invoice date. A 2% per month service charge will apply to unpaid balance.

Buyers Name (printed): _____

DATE: _____, 20____

Buyers Signature: _____

BUYERS ADDRESS: _____

DAYTIME PHONE #: _____

EVENING/CELL PHONE #: _____

All personal information and BUYER signature must be provided, otherwise this Authorization/Designation form will be void and the signer of the Sale Invoice will be held responsible for collection.

MAKE CHECKS PAYABLE TO: DEF-JLA
520 S. Richmond
Ridgecrest, CA 93555

(for office use only)
Number
Issued: _____