CONSIGNMENT FORM

Contact:			**Company Name:**	
Address:			**City:**	**Prov:**	**PC:**
Phone:	**Cell:**	**Fax:**	**Email:**	
Auction Date:			**Auction Location:**	

YEAR	MAKE	MODEL	SERIAL NUMBER (S/N)	DESCRIPTION

1. I acknowledge that each item consigned will be delivered to the auction site at least ten (10) days prior to the date of sale and to be delivered with registration.
2. I authorize Century Auctions to carry out lien searches in respect to the equipment.
3. I recognize the auction will be without reserve, the equipment will be sold to the highest bidder.
4. I acknowledge there will be no guarantee whatsoever by the auctioneers as to the gross proceeds to be realized from the sale of the equipment. Any estimates of value by the auctioneers are solely based on prior experience and are not to be construed as a promise or guarantee of realizable value at any given auction.
5. I permit commission(s) as agreed upon to be deducted from lot bid amounts.
6. I hereby agree to comply with all laws relating to the sale of the equipment.
7. I agree not to withdraw the equipment, or any part thereof, from the auction sale, or fail to deliver the equipment to the auction.
8. I acknowledge Century Auctions will remit all GST directly to the government. G.S.T. # R890671795
9. I acknowledge that all funds will be payable twenty-one (21) days after the date of auction.
10. I concede that the funds are available by pick-up only and after the successful completion of a Statutory Declaration.

Consignor Signature: _____ **Century Auctions Authorizing Signature:** _____

For Office Use Only:	**Date Received:**		**Received By:**	

CENTURY AUCTIONS
A DIVISION OF CENTURY SERVICES

Previously known as: CPA AUCTIONEERS & APPRAISERS

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