



Bidder Registration Form

Property of Interest: MATC Used Commercial Equipment Auction
 Name: _____

Company Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone Number: _____ Fax #: _____

E-Mail Address: _____

How did you hear about us? (check all that apply)

- | | | | |
|--|--------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> eNewsletter | <input type="checkbox"/> Flyer | <input type="checkbox"/> Email | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Mail | <input type="checkbox"/> Website | <input type="checkbox"/> Other |
| <input type="checkbox"/> Trade Publication | <input type="checkbox"/> Sign | <input type="checkbox"/> Television | _____ |

Mailing List Interests (check all that apply)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Commercial Real Estate | <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Surplus |
| <input type="checkbox"/> Residential Real Estate | <input type="checkbox"/> Furniture | <input type="checkbox"/> ALL |
| <input type="checkbox"/> Estate Sales | <input type="checkbox"/> Computer Equipment | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Machinery/Tools | <input type="checkbox"/> Collectables | _____ |

I have read and understand the Auction rules and Terms of Sale posted at the sale location and at www.atlanticremarketing.com. I personally guarantee payment and personally agree to and understand all of the terms and conditions of this auction as set forth. I further agree that I am liable for payment of all items placed on my number and that Atlantic Asset Management Group, Inc. has the right to pursue the legal means necessary to collect any funds due and that I am personally liable for any costs incurred in the collection of said funds (i.e. expenses of re-auctioning the items/property, any deficit realized on a re-sale, any commissions to Atlantic Asset Management Group, Inc.) Payment must be made in the form of Cashier's Check, Certified Check, Credit Card, Wire Transfer or Personal/Company Check. Please see Terms and Conditions. I hereby agree that all rights in and to the photograph's, including the copyright, are and shall remain the sole property of Atlantic Asset Management Group, Inc., free and clear by me or any one acting on my behalf. I hereby release, discharge, and agree to hold harmless, the photographer, the photographer's heirs, legal representatives and assigns, and all persons acting under the photographers authority from any liability by virtue of any use of the photographs or any changes or alterations made thereto.

Print Name: _____

Brokers Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

**** If represented by a Broker, Broker must sign and be present on the day of Auction with Client. All Broker Registration forms must be submitted and acknowledged 48 hrs. prior to auction date.**