



Absentee Bids Form

Your Details

Name

Address

State Postcode

Phone: Mobile:

Fax:

Email:

Signature: (to allow us to execute this bid)

Payment

Type of Card: Visa Mastercard

Credit Card No: Expiry:

Cardholder's Name:

Cardholder's Signature:

Catalogue No	Artist	Price Bid

**Please return by fax
on (03) 9562 2433**