

# Bidding Form

SALE NO.: **JHB 2017/4**      SALE DATE: **13 November 2017**  
SALE VENUE: **The Wanderers Club, Illovo, Johannesburg**  
ENQUIRIES: **Tel +27 (0) 11 728 8246 Mobile +27 (0) 79 407 5140**

|   |            |
|---|------------|
| Title   | First Name |
| Last Name   |            |
| ID number   |            |
| Company Name  |            |
| Address   |            |
|   |            |
|   |            |
| Telephone (home)  |            |
| Telephone (business)  |            |
| Mobile  |            |
| Email   |            |
| * If bidding by telephone, please specify the numbers to be dialled during the auction. |            |
| 1 _____   |            |
| 2 _____   |            |

**COLLECTION OF PURCHASES**

Please indicate place of collection

- ☐ The Wanderers Club by 12pm Tuesday 14 November
- ☐ Strauss & Co JHB from 9am Thursday 16 November
- ☐ Strauss & Co CT from 9am Tuesday 21 November
- ☐ Shipping, please complete Shipping Form
- See information regarding Absentee/Telephone bidding as set out in this catalogue (Buying at Strauss & Co).
  - Please write clearly and place your bids at least 24 hours prior to the sale.
  - **New bidders are required to pay a R5 000 holding deposit.**

I agree that I am bound by Strauss & Co 'Conditions of Sale' which are published in this catalogue and govern all purchases I make at auction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**JOHANNESBURG**  
Tel: +27 (0) 11 728 8246    Mobile +27 (0) 79 367 0637  
Fax: +27 (0) 11 728 8247    jhb@straussart.co.za  
89 Central Street, Houghton, 2198

**CAPE TOWN**  
Tel: +27 (0) 21 683 6560 / +27 (0) 78 044 8185  
Fax: +27 (0) 21 683 6085    ct@straussart.co.za  
The Oval, 1st Floor Colinton House, 1 Oakdale Road, Newlands, 7700

**BIDDER NUMBER**  
(for office use only)

**Absentee** ☐      **Telephone\*** ☐ (Please tick applicable box)

**PLEASE FORWARD COMPLETED FORM TO:**  
**Fax: 011 728 8247    Email: bids@straussart.co.za**

| Lot No | Lot Description | Max BID SA Rands |
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If successful, please debit my card immediately

Visa ☐    Mastercard ☐    Diners Club ☐    Debit Card ☐

Cardholder Name

Card Number

Expiry date      3/4 digit code on reverse

Billing address (if different from above)

Cardholder signature

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