## **Shipping Instruction Form**

BIDDER NUMBER (for office use only)		
(tot office due offi)	Please arrange packaging and shipping of the following lots:	
PLEASE RETURN TO STRAUSS & CO	Lot	Lot
fax 021 683 6085 e-mail sandy@straussart.co.za	Lot	Lot
Enquiries Tel: +27 (0) 21 683 6560 / +27 (0) 78 044 8185	Lot	Lot
<ul> <li>A quotation will be sent to the e-mail address below for approval before shipping.</li> <li>Payment to be made directly to the shipping company.</li> </ul>	Lot	Lot
	Lot	Lot
Client Name	Lot	Lot
Client Tel	IS INSURANCE REQ	UIRED?
Fax	Insurance Value:	
E-mail  Recipient Name (if different from above)	Please indicate if you would like the shipping company to provide unpacking, crate removal, and/or installation of your purchases at your expense.	
necipient Name (il different from above)	Please indicate if you would like your purchases to be sent to our Johannesburg office for collection.	
Recipient Tel		
Recipient Address:	CLIENT SIGNATURE	
	CLIENT PRINTED NAME	
	DATE	

www.straussart.co.za



## **JOHANNESBURG**

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## **CAPE TOWN**

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