

Bidding Form

SALE: **Mid-Century Modern Live: Furniture, Design & Jewellery**
SALE DATE: **16 September 2026, 7pm , Brickfield Canvas, 35 Brickfield Rd, Woodstock, Cape Town**
ENQUIRIES: **Tel +27 (0) 21 683 6560**

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

COLLECTION OF ART PURCHASES

Please indicate place of collection

- ☐ Strauss & Co JHB
- ☐ Strauss & Co CT

- Please write clearly and place your bids at least 24 hours prior to the sale

I agree that I am bound by Strauss & Co ‘Conditions of Sale’ available at www.straussart.co.za which govern all purchases I make at auction.

Signature _____ Date _____

I request that Strauss & Co enters bids on the following lots up to the maximum price I have indicated for each lot. I understand that by submitting these bids, I have entered into a bidding contract to purchase the individual lots, if my bid is successful. I understand that if my bid is successful, I will be obliged to pay the purchase price, which will be the sum of my final bid plus the buyer's premium and any other applicable value added tax (VAT). I understand that Strauss & Co executes absentee bids as a convenience for clients, and is not responsible for inadvertently failing to execute bids or for errors relating to execution of bids, including computer-related errors. On my behalf, Strauss & Co will try to purchase these lots for the lowest possible price, taking into account the reserve and other bids. If identical absentee bids are left, Strauss & Co will give precedence to the first one received. All successful bids are subject to the terms of the Conditions of Business available at www.straussart.co.za

Bidder Number
(for office use only)

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

PLEASE FORWARD COMPLETED FORM TO:
E-mail: bids@straussart.co.za

Lot No	Lot Description	Max BID SA Rands

If successful, please debit my card immediately

Visa ☐ Mastercard ☐ Amex ☐ Diners Club ☐ Debit Card ☐

Cardholder Name

Card Number

Expiry date3/4 digit code on reverse

Billing address (if different from above)

Cardholder signature