

BIDDER REGISTRATION FORM



AUCTION DATE: _____
AUCTION NUMBER: _____

_____ BIDDER NO.

FULL NAME: _____ AUTHORIZED REP.: _____

ADDRESS: _____ EMAIL: _____

PRODUCT/S OF INTEREST: _____

COMPANY: _____ LINE OF BUSINESS: _____

CONTACT NUMBER/S: _____

TYPE OF ID: _____ ID NUMBER: _____

SIGNATURE OVER PRINTED NAME

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