

## APPLICATION FOR BIDDING PRIVILEGES

Application must be completed in full	
Business name:	
Name:	
Address:	
Telephone:	
Email Address:	
Drivers License or Passport #	State/Country IssuedExp. Date
Total Amount Requested (USD):	
Visa/MasterCard Number:	Expiration Date:
В	Bank References
Bank Officer:	Bank Officer:
Account Number:	Account Number:
Bank Name:	Bank Name
Address:	Address:
Telephone/Fax:	Telephone/Fax:
If applicable, please complete this appavailable at www.doyle.com under Buyi	olication as well as a resale certificate form which is ing at Doyle.
Please fax this form to 212-427-752	6 or email to bids@doyle.com
Note: Additional fees of premium/tax a become familiar with the "Conditions of	nd other rules apply to winning bids. Please take a moment to of Sale."
	nditions of Sale" and "Terms of Guarantee" in front of the apply to any successful bid that I place.
Signature:	Date:
DOYLE NEW YORK   175 EAST 87TH ST   NY, NY	7 10128   212-427-2730   FAX 212-369-0892   DOYLENEWYORK.COM