

CLARKE FUSSELLS REGISTRATION FORM

CUSTOMER ID:

WILL PURCHASERS PLEASE COMPLETE THIS SLIP AND EXCHANGE IT FOR A BUYER'S NUMBER PRIOR TO THE AUCTION – PLEASE HAVE READY YOUR PROOF OF IDENTIFICATION

Contact Name:
Company Name:
Street:
District:
Town:
County:
Postcode:
Country:
Telephone:
Fax:
Mobile:
E-mail Address: (only enter information if you wish to be e-mailed with details of future auctions)
VAT Registration Number: (for export purchasers only - proof of VAT Number required i.e. copy invoice, VAT certificate, etc)
(1) I fully understand and agree to the terms and conditions as displayed and/or printed in this catalogue and/or as announced by the Auctioneers.
(2) Section 6 Health and Safety at Work etc, Act 1974 (as amended). I confirm that the vendor has drawn my attention to the above legislation and I hereby agree to take steps to ensure that, so far as is reasonably practicable, the articles purchased are designed and constructed to be safe and without risks to health at all times when being set, used, cleaned or maintained by persons at work. I will carry out all relevant and necessary testing and examination to meet this duty. I agree to relieve the Vendors/Agents/Auctioneers of their duties under the above legislation and to indemnify the Vendors/Agents/Auctioneers against any cost, damage, legal or other expenses in respect of any claim arising out of such legislation. If the Vendors consider it appropriate I agree to sign a similar undertaking to this one but with reference to specific lots.
(3) Purchasers must ensure that all vehicles comply with all statutory and legal requirements prior to using such vehicles on the Public Highway and Roads. Such vehicles must be insured and all statutory documentation and certification must be in place. I will arrange for all relevant and necessary testing and examination and certification to meet this duty.
(4) I agree and ensure that all portable appliances are checked for safety and that a valid/current P.A.T. will be carried out prior to use.
NAME (Print in Block Capitals): _____ Signature: _____ Date: _____
NOTE: EXPORT PURCHASERS MUST REGISTER THEIR OVERSEAS ADDRESS
ID VERIFICATION
TYPE OF ID:: _____ CHECKED BY: _____
SEE OVER FOR ABSENT BIDDERS ORDER FORM