

Multi-Buyer(s) Form

(One Animal per sheet)

Exhibitors Name _____ Ear Tag # _____ Total Price Per LB \$ _____

Sale Weight of Animal: _____ (220 – 280)

(Please print clearly and use pen or pencil to complete the form. NO Markers)

Complete **ALL** information in full including **Email** for billing purposes

IF ANY BUYER INFORMATION IS INCOMPLETE, THAT BUYER WILL NOT GET BILLED OR IS NOT PAID BY 10 DAYS AFTER RECEIPT OF INVOICE. THE AMOUNT WILL BE DEDUCTED FROM PARTICIPANTS CHECK

Do not list any buyers under \$1.00 for Swine & \$.25 for Steer

(Any less than \$1.00 for Swine & \$.25 for Steer the participant is responsible for collecting.)

Give this to the auctioneer at time of purchase.

NO ADD ONS ONCE ANIMAL IS SOLD

If you have a specific buyer that you want to receive the plaque you **MUST** list them here, or it will go to the highest bidder.

Name (First & Last) Karen Brown Amount per pound \$1.00
Company Clay County Fair Association
Billing Address 2493 State Road 117 West
City Green Cove Springs State FL Zip 32043
Phone 904-284-1615 Email karen@claycountyfair.org

Buyer Signature: Karen Brown

Name (First & Last) _____ Amount per pound _____
Company _____
Billing Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Email _____



MEAT



PLAQUE

Buyer Signature: _____

Name (First & Last) _____ Amount per pound _____
Company _____
Billing Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Email _____



MEAT



PLAQUE

Buyer Signature: _____

Name (First & Last) _____ Amount per pound _____
Company _____
Billing Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Email _____



MEAT



PLAQUE

Buyer Signature: _____

Name (First & Last) _____ Amount per pound _____
Company _____
Billing Address _____
City _____ State _____ Zip _____
Phone (_____) _____ **Email** _____



MEAT



PLAQUE

Buyer Signature: _____

Name (First & Last) _____ Amount per pound _____
Company _____
Billing Address _____
City _____ State _____ Zip _____
Phone (_____) _____ **Email** _____



MEAT



PLAQUE

Buyer Signature: _____

Name (First & Last) _____ Amount per pound _____
Company _____
Billing Address _____
City _____ State _____ Zip _____
Phone (_____) _____ **Email** _____



MEAT



PLAQUE

Buyer Signature: _____

Name (First & Last) _____ Amount per pound _____
Company _____
Billing Address _____
City _____ State _____ Zip _____
Phone (_____) _____ **Email** _____



MEAT



PLAQUE

Buyer Signature: _____

Name (First & Last) _____ Amount per pound _____
Company _____
Billing Address _____
City _____ State _____ Zip _____
Phone (_____) _____ **Email** _____



MEAT



PLAQUE

Buyer Signature: _____