

# Multi-Buyer(s) Form

(One Animal per sheet)

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

Sale Weight of Animal: \_\_\_\_\_ (220 – 260)

(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 16 West  
City Green Cove Springs State FL Zip 32043  
Phone 904-284-1615 Email karen@claycountyfair.org  
Buyer Signature: Karen Brown

**EXAMPLE**

Name (First & Last) \_\_\_\_\_ Amount per pound \_\_\_\_\_  
Company \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Buyer Signature: \_\_\_\_\_

MEAT  
 PLAQUE

Name (First & Last) \_\_\_\_\_ Amount per pound \_\_\_\_\_  
Company \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Buyer Signature: \_\_\_\_\_

MEAT  
 PLAQUE

Name (First & Last) \_\_\_\_\_ Amount per pound \_\_\_\_\_  
Company \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Buyer Signature: \_\_\_\_\_

MEAT  
 PLAQUE

Name (First & Last) \_\_\_\_\_ Amount per pound \_\_\_\_\_  
Company \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Buyer Signature: \_\_\_\_\_

MEAT  
 PLAQUE

Name (First & Last) \_\_\_\_\_ Amount per pound \_\_\_\_\_  
Company \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Buyer Signature: \_\_\_\_\_

MEAT  
 PLAQUE