MULTIPLE-ADD-ONS BUYER FORM

Sacramento County Fair Junior Livestock Auction

BUYER #

Business Name: _____ Phone Number: _____

Buyer Name: _____ Title: _____

Address: _____ City: _____ Zip:_____

I hereby agree to pay such billing. In the event I fail to pay such billing, I agree to pay reasonable attorney fees and all costs incurred in effecting collection.

Buyer Signature: _____ Date: _____

OFFICE USE ONLY

Date: _____ Cash: _____

CK#: _____ CC: _____

IF A BUYERS TOTAL BILL IS $500.00 OR LESS, IT MUST BE PAID ON OR BEFORE THE FINAL SALE DAY.

IF NOT PAID, AN ADDITIONAL $25 FEE WILL BE APPLIED.

Ad d on s are a minumum o $50

Sale #	Exhibitor Name	Specie	Amount