



Shipping Authorization Form

Auction Date: _____(MM/DD/YYYY)

Invoice #: _____

All purchase or Selected Lots# _____

Name: _____ Company: _____ (If applicable)

Shipping Company Information:

Company Name: _____

Phone #: _____ Contact Person: _____

Ship To Information:

Receiver/Company Name: _____

Ship to Address: _____

City: _____ District/State/Province: _____

Zip Code: _____ Country: _____ Phone Number: _____

*I authorize the above shipping company to pick up my purchase/s as indicated above. I understand that handling the purchased lots by Linwoods Auction is at the risk of the purchaser. Final arrangements and agreements are strictly between the buyer and the shipper. **Clars L.A. is not responsible for the buyer's choice of a shipper or to any occurrences during shipping. ALL ITEMS ARE PURCHASED "AS IS" AND "WHERE IS" WITHOUT WARRANTY.***

*All items purchased must be **PAID IN FULL** and checks cleared before purchases can be released.*

Buyer's Signature: _____ Date: _____
(MM/DD/YYYY)

PLEASE SIGN AND SCAN THE SIGNED FORM AND EMAIL TO ask@clarsla.com