

– Authorized Release Form –

Name: _____

Business Name: _____

Telephone(s): _____

Email Address: _____

I authorize: _____ to pick up items

Sale Date: _____

Lot #(s): _____

Please sign below:

X _____ Date _____ Print

name: _____

Fax this form to 516 8770555 / E-Mail to info@htantqes.com

Note: Items will not be released without a signed authorization