

APPLICATION FOR CREDIT OR CHECK APPROVAL
(Application must be completed in full.)

Business name: _____

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Drivers License or Passport # _____ State/Country Issued _____ Exp. Date _____

Total Amount Requested (USD): _____

*Sotheby's Account Number: _____ *Christie's Account Number: _____

*Please provide us with correspondence related to your financial terms with the above auction houses.

Visa/MasterCard Number: _____ Expiration Date: _____

CVV/CVC no.(reverse of card): / ___/___/___/ or CID no.(front of card) / ___/___/___/___/

Bank References

Bank Officer: _____ Bank

Officer: _____

Account Number: _____ Account Number: _____

Bank Name: _____ Bank

Name _____

Address: _____

Address: _____

Telephone/Fax: _____

Telephone/Fax: _____

If applicable, please complete this application as well as the attached resale certificate form with your business information.

Note: Additional fees of premium/tax and other rules apply to winning bids. Please take a moment to become familiar with the "Conditions of Sale."

I acknowledge that I have read the "Conditions of Sale" and "Terms of Guarantee" and understand that they apply to any successful bid that I place. Please fax this form to 1516-877-0555

Signature: _____ Date: _____