



Northern Exchange Auctions

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BIDDER REGISTRATION FORM

DATE OF SALE:	CONTACT NAME:
COMPANY NAME:	TELEPHONE:
COMPANY NUMBER:	MOBILE:
VAT REGISTRATION:	EMAIL:
ADDRESS:	
POST CODE:	
I hereby confirm the above details are correct and the identification I have provided is genuine. By ticking this box <input type="checkbox"/> and signing below, I hereby confirm that I have read, fully understood and agree to be bound by Northern Exchange Auctions General Terms & Conditions of Sale and the Special Conditions of Sale.	
SIGNED:	PRINT NAME:
	DATE:

FOR OFFICE USE ONLY	
New Buyer <input type="checkbox"/>	Regular Buyer/ Seller <input type="checkbox"/> GAP Client Reference number <input type="text"/>
PHOTOGRAPHIC ID PROVIDED	Passport <input type="checkbox"/> National ID Card <input type="checkbox"/> Driver Licence <input type="checkbox"/> Other (please specify) <input type="text"/>
COMPANY LETTER OF AUTHORISATION PROVIDED?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
FILE NAME or GAP CLIENT REFERENCE NUMBER	File Name <input type="text"/> GAP Ref <input type="text"/>
DEPOSIT PAYMENT METHOD	Website [Card] <input type="checkbox"/> BACS <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Cash <input type="checkbox"/>
DATE DEPOSIT PAID	<input type="text"/>
PHOTOGRAPH TAKEN	Yes <input type="checkbox"/> No <input type="checkbox"/> File Name <input type="text"/> Uploaded to GAP <input type="checkbox"/>
BIDDER NUMBER:	CLIENT REFERENCE:
	ALLOCATED BY: