



# AUCTION EVENT PLANNING

<b>INTERNAL USE</b>	
<b>CUSTOMER:</b>	_____
<b>LEAD:</b>	_____ <b>RATE:</b> _____
<b>JOB CODE:</b>	_____

## HOW TO USE THIS FORM

This form is used to guide the listing of items on purplewave.com. Complete this form for each location in which items are located. A completed copy of this form is required for listing items on purplewave.com.

## LOCATION OF ITEMS

Complete location information. Check the box if you do not want company or full address published to purplewave.com

Company/Department \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Do NOT publish company/department to purplewave.com  Do NOT publish full address to purplewave.com

## QUESTIONS ABOUT THE ITEMS SHOULD BE DIRECTED TO:

Complete contact information. Check the box if the information can be published to purplewave.com.

Name(s) \_\_\_\_\_

**Publish to website?**

Email(s) \_\_\_\_\_

Phone(s) \_\_\_\_\_

Same as above

## QUESTIONS ABOUT INSPECTION SHOULD BE DIRECTED TO:

Complete contact information. Check the box if the information can be published to purplewave.com.

Name(s) \_\_\_\_\_

**Publish to website?**

Email(s) \_\_\_\_\_

Phone(s) \_\_\_\_\_

## INSPECTION DETAILS *(check all that apply)*

Inspections are by appointment only

Inspections are during the following dates and times:

Notes \_\_\_\_\_

Date:	Times:
Date:	Times:
Date:	Times:

Same as above

## QUESTIONS ABOUT LOAD OUT SHOULD BE DIRECTED TO:

Complete contact information. Check the box if the information can be published to purplewave.com.

Name(s) \_\_\_\_\_

**Publish to website?**

Email(s) \_\_\_\_\_

Phone(s) \_\_\_\_\_

## LOAD-OUT DETAILS *(check all that apply)*

Load-out is by appointment only

Load-out is available during the following dates and times:

Notes \_\_\_\_\_

Date:	Times:
Date:	Times:
Date:	Times:

Can you provide...? *(check all that apply)*

Load-out assistance?  Vehicle start assistance?

Forklift?  Loading dock?

Items must be removed by \_\_\_\_\_

*Minimum is 7 days from the date of the auction.*

*Default is 14 days after the auction.*

How would you like to receive paid invoices after the auction?

Email  \_\_\_\_\_ Fax  \_\_\_\_\_

List any additional people to receive paid invoices at the end of the auction *(location contact above is included by default)*

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_