

EXETER WEST SPRING COLLECTIVE MACHINERY SALE
NR FOUR CROSS WAYS, CHERITON BISHOP, EX6 6JB
SATURDAY 6TH APRIL 2019 AT 11.00AM



HEARDS RPS

BY SIGNING THE DECLARATION BELOW THE SELLER UNDERTAKES TO:

1. Abide by the Terms and Conditions of Sale as set out in the full Conditions of Sale and Seller Contract available on our website (www.heardsrps.co.uk) including those as to commission and charges which are as follows: 10% + VAT on the first £1,000 of any Lot, 5% + VAT on £1,001+, capped at £450 per Lot.
2. Indemnify bidders, purchasers and auctioneers against any liability arising out of inaccuracies in the information supplied.
3. Provide details of defects which could affect the health and safety of subsequent users.

AND CERTIFIES THAT:

4. The Seller has title to sell all items entered on this entry form so that the Seller can transfer unencumbered title to the items to purchasers and you will keep Heard's RPS LLP fully indemnified against the consequences of any adverse claim to title. Please write the details of any outstanding finance on this entry form.
5. No items entered above have been recorded by any Insurance Company as a write off or subject to a major insurance claim.
6. The sale ground will be open for delivery of items prior to sale from 10am - 6pm on Friday 5th April and from 7.30am on day of sale, but in any event by no later than 10am on Sale Day. A tractor and loader will be available to assist with unloading during these times, however unloading of the items is entirely at the risk of the Seller. All items are left on site at the Sellers own risk.

NOTES:

1. The auctioneers give no undertaking to accept any lots entered for the sale. Receipt of this entry will not be acknowledged.
2. All keys, documents (including manuals and registration documents) and PTO shafts are to be handed to the Auctioneers on delivery to the sale ground.
3. All items whether sold or unsold to be removed from the sale ground by 5pm on Sunday 7th April 2019 except by express arrangement with the Auctioneers.

NAME (for payment): _____

ADDRESS: _____

_____ POSTCODE: _____

TEL: _____ MOBILE: _____

VAT Reg: No / Yes - VAT Reg No. _____

PREFERRED METHOD OF PAYMENT: CHEQUE / BACS - ACCOUNT NO.: _____

SORT CODE:

SIGNED:

DATED:

Please return this form to:

**Heards RPS
Two Gates
Holcombe Rogus
Wellington
Somerset
TA21 0PX**

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