



ABSENTEE and PHONE BIDDING PROCEDURES

We encourage you to attend the sale in person. However, if you cannot, we offer an absentee and phone bidding service. The party who submits the absentee or phone bid is solely responsible for payment in full of the total invoice. We will *NOT* execute your absentee or phone bid order unless all necessary forms are completed and received no later than Wednesday, November 16, 2005.

Payments can be made by check, cashier's check, cash, wire transfer, or credit card. If you wish to pay by credit card if you purchase a horse, please fill out attached form.

We will call you to confirm that we have received your forms.

If you have any questions about the buyer registration process, please e-mail Kathi Jogan at kjogan@uark.edu, or call her M – F at 479-236-4768.

Absentee Bidding:

- ~ Use this procedure if you want to bid *up to* a specific amount for a specific lot number. If you wish to bid on more than one lot, you must specify the maximum bid for each lot.
- ~ An Authorized Agent will attempt to purchase the selected lot number or numbers on your behalf at the lowest possible amount.
- ~ You will be contacted after the sale on Nov. 19th, whether or not you were the successful bidder for the horse(s) that you designated.
- ~ **Forms You Need:**
 1. Absentee Bid Form
 2. Credit Application Form
 3. Authorized Agent Form

Phone Bidding:

- ~ Use this procedure if you want an Authorized Agent to contact you by phone during the sale and to convey your bid to the auctioneer.
- ~ An Authorized Agent will attempt to purchase the selected lot number(s) on your behalf at the lowest possible amount, but you will be in direct contact during the sale with the Authorized Agent and will make each decision about whether to bid or not.
- ~ You can bid through your agent for any amount up to your line of credit.
- ~ **Forms You Need:**
 1. Phone Bid Form
 2. Credit Application Form
 3. Authorized Agent Form

ABSENTEE BID FORM

I wish to bid on the following lot(s) using an Authorized Agent to perform live bidding on my behalf, up to my maximum bid. I understand that verbal orders will not be accepted as absentee bids. I have read the conditions of sale and agree to comply with all auction notices. I understand that the University of Arkansas Equine Program will appoint an agent to act on my behalf to execute these bids, and *neither* the University of Arkansas Equine Program, *nor* the assigned agent are responsible for any errors or failure to execute my bid. No bid mistakenly made for a greater amount than specified below will be binding on you.

Please fill in lot number(s), and corresponding horse's name you wish to bid on, *and* your highest permissible bid for individual lot numbers. This information will be kept strictly confidential.

Lot Number: _____ Name of Horse: _____ Bid: _____

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Lot Number: _____ Name of Horse: _____ Bid: _____

Lot Number: _____ Name of Horse: _____ Bid: _____

ALL PURCHASES MUST BE PAID IN FULL PRIOR TO PICKUP.

Please check method of Payment:

Personal Check _____

Cashiers Check _____

Wire Transfer _____

Credit Card _____ (Attach Form)

Printed Name: _____

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public: _____

Comments (Provide us with any additional information that may be relevant):

PHONE BID FORM

I wish to bid on the following lot(s) using an Authorized Agent to perform live bidding. I will remain in direct contact with the Authorized Agent during the bidding process and will be entirely responsible for decisions to continue or discontinue bidding. I have read the conditions of sale and agree to comply will all auction notices. I understand that the University of Arkansas Equine Program will appoint an agent to act on my behalf to execute these bids, and *neither* the University of Arkansas Equine Program, *nor* the assigned agent are responsible for any errors or failure to execute my bid.

The University of Arkansas Equine Program will assign an Authorized Agent to you. This Agent will then contact you prior to the sale for consultation. Please list phone numbers and times that you can be reached the week of November 14, 2005. Also provide phone numbers at which you can be reached DURING THE AUCTION November 19, 2005.

Telephone Numbers:

Home: _____ Times Available: _____
Work: _____ Times Available: _____
Cell: _____ Times Available: _____
Other: _____ Times Available: _____
Number to call on November 19, 2005: _____

YOU ARE RESPONSIBLE FOR BEING NEAR THE PHONE AT SALE TIME. IF YOUR AUTHORIZED AGENT CANNOT REACH YOU, FOR ANY REASON, INCLUDING MECHANICAL FAILURE OR ERROR IN JUDGMENT, WHETHER OR NOT THE FAULT OF THE AUTHORIZED AGENT OR THE UNIVERSITY OF ARKANSAS EQUINE PROGRAM, NO LIABILITY WILL ACCRUE TO THE AUTHORIZED AGENT OR THE UNIVERSITY OF ARKANSAS EQUINE PROGRAM.

Please tell us the lot number(s) and corresponding horse’s name you wish to bid on:

Lot Number: _____ Horse’s name: _____
Lot Number: _____ Horse’s name: _____
Lot Number: _____ Horse’s name: _____
Lot Number: _____ Horse’s name: _____
Lot Number: _____ Horse’s name: _____

ALL PURCHASES MUST BE PAID IN FULL PRIOR TO PICKUP.

Method of Payment:

Personal Check _____
Cashiers Check _____
Wire Transfer _____
Credit Card _____ (Attach Form)

Printed Name: _____

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public: _____

CREDIT APPLICATION

Please fill out the information below and mail or fax it to D.E. King Equine Program, University of Arkansas as specified below.

ALL PAPER WORK MUST BE RECEIVED ON OR BEFORE WEDNESDAY, NOVEMBER 16, 2005. This information will be kept strictly confidential.

University of Arkansas, Equine Program
AFLS B110B
Fayetteville, AR 72701
Phone: (479) 575-4380 Fax: (479) 575-5756

SALE: Univ. of Arkansas Razorback Roundup DATE: November 19, 2005

AMOUNT OF CREDIT REQUESTED _____

PURCHASES WILL BE IN THE NAME OF _____

PERSON RESPONSIBLE FOR ACCOUNT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

BIRTHDATE _____

TELEPHONE: HOME _____ BUS. _____ MOBILE _____

FAX NUMBER _____ E-MAIL _____

Account / Credit Information

This information should be OBTAINED BY THE APPLICANT FROM THEIR FINANCIAL INSTITUTION. In order for the University of Arkansas Equine Program to process this credit application, certain account, and credit information from your financial institution-bank, credit union, or broker must be documented on the institution's letterhead and signed by your account officer. Information required includes: *type of account, average balance during the past two years, officer's name and title, name and address of the institution, account numbers of all relevant accounts and the institution's telephone number.* Existence of available lines of credit and loan performance are specifically to be included.

By signing this form, applicant authorizes the University of Arkansas Equine Program to perform a credit investigation. Please notify your financial institution that the University of Arkansas Equine Program might be contacting them about your request for credit.

Signature: _____

AUTHORIZATION OF AGENT

Mail or fax to D.E. King Equine Program, University of Arkansas as specified below.

Please call Kathi Jogan at (479) 236-4768 to get the name and phone number of a recommended Authorized Agent. Then fill in the blank below with the Authorized Agent's name.

All paper work must be received ON OR BEFORE Wednesday, November 16, 2005.

University of Arkansas, Equine Program
AFLS B110 B
Fayetteville, AR 72701
Phone: (479) 575-4380 Fax: (479) 575-5756

Date: _____/_____/_____

I hereby appoint _____ to be my authorized agent in all matters pertaining to the sale and/or purchase of horse(s) at the auction to be conducted by your organization on November 19, 2005.

I agree to be bound in all respects and by all actions of my agent on my behalf, including, but not limited to: execution of documents pertaining to such sale or purchase; receipts and disbursements of funds; condition of sale, or law; acceptance of goods; and right to make representation regarding any animal.

I agree that this authorization shall be revocable only in writing such revocation to become effective when acknowledged in writing by the University of Arkansas Equine Program.

Printed Name: _____

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public: _____

CREDIT CARD TRANSACTIONS

This form should be filled out, only if you wish for your payment to be made by credit card. Please return with other forms to the University of Arkansas Equine Program.

Purchaser's Name: _____

Name on Credit Card: _____

Credit Card Billing Address: _____

Telephone Number: _____

Type of Card (circle one): Discover MasterCard VISA

Account Number: _____

3 Digit Number on Back of Card: _____ Expiration Date: _____

Signature of Card Holder: _____

Date: _____

The University of Arkansas D. E. King Equine Program verifies that the information provided will be kept confidential. Records will be retained in a secured location for the required time frame mandated by Bank of America.

THE AMOUNT CHARGED TO YOUR CREDIT CARD WILL BE YOUR TOTAL INVOICE AMOUNT FROM LOT OR LOTS PURCHASED AT THE UNIVERSITY OF ARKANSAS RAZORBACK ROUNDUP.

FOR INTERNAL USE ONLY

| |
|-----------------------------|
| Amount Charged: _____ |
| Authorization Number: _____ |
| Date: _____ |
| Initials: _____ |