

BUYER/ADD-ON NUMBER APPLICATION FORM
To be completed by BUYERS and ADD-ON SUPPORTERS.

BUYER/ADD-ON NUMBER: _____

NAME OF SUPPORTER: _____

Business or Individual to be billed and advertised as **Buyer or Add-On or Both**
(Please circle one)

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE _____

**I understand that by signing this form I become responsible for all bills accrued to this number.
Further, all bills become due and payable at time of purchase. Add-on bills totaling less than \$300.00 must
be paid ON SALE DAY. Minimum add-on amount must be \$20.00.**

PRINT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE _____

SIGNATURE _____

SHORT FORM (A)
MINIMUM ADD-ON IS \$20.00

RECEIPT# _____



THE BIG FRESNO FAIR
TOP-OFF/ ADD-ON BID SHEET

BUYER'S NUMBER: _____

BUYER'S NAME: _____ PHONE # _____

EMAIL ADDRESS: _____
(MANDATORY)

CASH/CHECK# _____ CREDIT CARD# _____

SALE LOT # EXHIBITOR'S NAME FLAT/PER LB

	Total Amount	

I UNDERSTAND THAT THIS ADD-ON FORM WILL ACT AS A CONTRACT BETWEEN THE LIVESTOCK AUCTION DEPARTMENT AND MYSELF. I AGREE TO PAY IN FULL THE AMOUNT I AM SPONSORING THE DAY OF THE SALE.

SIGNATURE OF BUYER _____