# Proxy Bid Sheet

Dealership Name/#: _____

Contact Name: _____ Sale Date _____

Email Address: _____ Taken By: _____

Cell #: _____ Signature: _____

| LOT # | YEAR | MAKE | MODEL | Bid Amount |
|---|---|---|---|---|
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |

BPP

| | | |
|---|---|---|
| | Buyer Protection Plan | $99 |
| | Decline | |

| | PMT Type | Floor Plan Type |
|---|---|---|
| | Check | |
| | Cash | |
| | Float | |
| | Floor Plan | |

**I hearby authorize representatives of Clark County Auto Auction to place proxy bids for units on my behalf.**

X _____

Revised by HB 5/9/06