



**SILICON VALLEY  
DISPOSITION**

226 First Ave., Ste 2, San Mateo, CA 94401 • (650) 344-3282 • <http://svdisposition.com>

## Agent Release Authorization

Complete this form if the person picking up and removing equipment from an auction or sale location will be someone other than the registered bidder at that sale ("Authorized Agent").

**No asset will be released to any party until**

- 1) The invoice, which lists the equipment purchased and corresponding lot numbers, is paid in full.
- 2) The bidder or Authorized Agent legibly signs a copy of the invoice with the following stipulation:  
"I acknowledge receipt of the above items, and agree that all purchases are made **"AS IS," "WHERE IS" and "WITH ALL FAULTS"** and subject to Auctioneer's Terms and Conditions. Positively no refunds or credits for shortages or claims will be considered after goods leave the premises. I acknowledge that I am duly authorized to sign this invoice as or on behalf of the stated purchaser."
- 3) The signatory must be either the bidder or an Authorized Agent.

Please complete one of these forms for each sale, and if you purchased equipment from more than one location, please indicate the Authorized Agent for each location.

Sale Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize to release any items purchased by me (as enumerated on my invoice, which is available by contacting Customer Service at (650-344-3282) to the person(s) or companies listed below.

I do hereby authorize each Authorized Agent to act as my attorney-in-fact with the limited power of attorney to execute on my behalf any and all documents, including but not necessarily limited to, invoices, bills of lading, terms and conditions, and shipping manifests, with respect to the purchase, dismantling and removal of the above referenced assets from sale conducted by Silicon Valley Disposition Inc.

Bidder Name _____	Bidder# _____
Title _____	Authorized Signature _____
Company _____	_____

<b>Location</b> (Building/ Street/ City/ State/ Country) _____	<b>Location</b> (Building/ Street/ City/ State/ Country) _____
--	--

Authorized Agent Company/ Name _____	Authorized Agent Company/ Name _____
--------------------------------------	--------------------------------------

*Please fill up this form and fax it to 650-344-3182 or email it to customerservice@svdisposition.com*