



**Pick Up Request Form**

Date:

Requested By:  Bidder #:

Phone #:  Contact:

Fax #:  Phone #:

Location:  # of Units:

Comments:

Units	Year	Make & Model	VIN (Complete)	Drives (Y/N)	Bid Sale Reserve
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$

**\*\*\*\*\*PLEASE FAX TO 403-287-8431 IMMEDIATELY\*\*\*\*\***

**CALGARY LOCATION: 4116 - 50 AVENUE SE CALGARY, AB T2B 2T7 PH: (403) 287-8421**