

COPPERFIELD'S SALE PROPOSAL FORM

This form must be filled out completely. Items will not be accepted without complete information.

Seller Contact Information. *Please fill out completely and accurately. Check that your phone contact is correct.*

FIRST NAME	LAST NAME
MAILING STREET ADDRESS	CITY
()	ZIP
PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS

Are you selling on behalf of someone else? YES NO

If yes, the legal owner of the items presented for sale must sign below.

By signing below, I certify that I am the legal owner of the property listed on this form for sale, and have authorized the person named above to sell it on my behalf. I realize that any check issued by Copperfield's for payment of these items will be made out to me, and that I will have to make my own financial arrangements with my representative for his or her compensation.

FULL PRINTED NAME	SIGNATURE
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PLEASE NOTE: *If any agreement is reached, payment will be issued in the form of a check made out to the actual owner of the items for sale only. If you are selling on behalf of someone else, you will need to make arrangements with the owner for any compensation.*

Item Information. *List each separate item or set of items. If additional space is needed, use the back.*

Item	Information	Condition	Asking Price
	Specific item name.	Description, history, any known provenance or manufacture info.	List any specific condition issues.
1. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____
2. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____
3. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____
4. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____
5. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____

ADDITIONAL ITEMS LISTED ON BACK. ➔

PLEASE NOTE: *You must fill in an asking price for each item (or set of items) you list. We are not an appraisal service, and we will not accept your list without asking prices.*

Seller disclosure and consent. *The signature of the seller listed at the top of this form is required.*

By signing below, I certify that the items listed for sale on this form have been obtained legally, and are offered for sale in good faith that it is legal to do so. I also hereby maintain full responsibility in the case that my statements as to the legality of this transaction do not prove to be accurate, and acknowledge the right of Copperfield's Gifts & Rarities to recover any assets lost as a result of legal or law enforcement activities related to this transaction.

SIGNATURE	DATE	DL OR ID CARD NUMBER
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Copperfield's
Associate
Initials
ID CONFIRM

COPPERFIELD'S USE ONLY

Additional Item Information.

	Item Specific item name.	Information Description, history, any known provenance or manufacture info.	Condition List any specific condition issues.	Asking Price Required.
6. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
7. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
8. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
9. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
10. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
11. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
12. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
13. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
14. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
15. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
16. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
17. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
18. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
19. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
20. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
21. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
22. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
23. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
24. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
25. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
26. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
27. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
28. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
29. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	
30. <input type="checkbox"/> SET			EMPLOYEE INITIAL: _____	

If more lines are needed, please use an additional sheet of paper, following the format of this form, and attach it to this sheet.