

AGENT RELEASE AUTHORIZATION FORM

I hereby authorize Paul McInnis LLC to release the following lots purchased by me as listed on my invoice to the Authorized Agent listed below. I agree not to hold Paul McInnis liable for any loss or damage to the property once it has been released to the Authorized Agent.

Bidder Number: A	uction Name/Date:		
Name:			
Company Name (If Applicable):			
Address:			_
City:	State:	Zip Code:	
Phone:	Email:		
Signature:		_ Date:	
Lot Numbers:			
Authorized Agent's Name:			
I have received the above refere kind will be considered after the		•	ortages or claims of any
Authorized Agent (Signature): _			_Date:
Print Name:			-
Please complete and send this a		aul McInnis LLC	
Email: priscilla@paulmcinnis.com	<u>m</u>		



