

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:	Auction Name	/Date: <u>Ka</u>	thleen King Coll	ection Part II Auction
Name:				
Company Name (If Applicable)	:			
Address:				
City:	S	tate:	Zip Code:	
Phone:	Email:			
Signature:			_ Date:	
Lot Numbers:				
Authorized Agent's Name:				
I have received the above refe kind will be considered after the			•	ortages or claims of any
Authorized Agent (Signature):				_ Date:
Print Name:				-
Please complete and send this Email: katy@paulmcinnis.com	authorization	form to Pa	ul McInnis LLC	



