



CHRISTIE'S

GENEVA PURCHASER SHIPPING INSTRUCTION FORM

Please return by fax +41 (0)22 319 17 51 or email : ShippingGeneva@christies.com.
For any queries, please telephone +41 (0)22 319 17 58

- ☐ I will collect the below mentioned property/authorize (Shipping Company/Person) _____ to collect on my behalf.
- ☐ Please arrange at my expense packing and shipping of the below mentioned property.

Sale n° _____ Lot(s) : _____ Invoice n°: _____

Christie's Client Number: _____

1. SHIPMENT DESTINATION

Client Name: _____ Client Phone: _____

Recipient: _____ Recipient Phone: _____

Address: _____ Fax: _____

_____ E-mail: _____

Postal Code: _____ VAT Number : _____

SS/ EIN/VAT Number : _____

(Compulsory US Customs requirement)

2. LOSS/DAMAGE LIABILITY

- ☐ Please insure my shipment for its full value
- ☐ Please do **not insure** my shipment. I accept full responsibility for any loss or damage to my property

3. ESTIMATE

Please note that quotes are always provided for approval prior to shipping. **They exclude local duties and taxes unless otherwise stated.**

- ☐ Please tick here if you do not require an estimate prior to shipping

4. METHOD OF PAYMENT

- ☐ MasterCard ☐ Visa ☐ Amex ☐ Pre Pay (by wire)

Card number _____ Name on card _____

Expiration Date: ____/____/____ CCV Number: _____ Signature: _____

Is your billing address the same as your shipping address? ____ Yes ____ No If no, please provide your billing address in the Special Instructions area below.

5. SPECIAL INSTRUCTIONS

Client Signature

Client Printed Name

Date