

BID AS-IS AGREEMENT

DATE:					
VEHICLE:	Year:	Make:		Model:	
	Color:		VIN:		
I,					, HEREBY BID
				DOLLA	RS. \$

FOR THE PURCHASE OF THE VEHICLE DESCRIBED ABOVE.

BIDDER INFORMATION REQUIRED: (Please Print)

The Infirmary Federal Credit Union reserves the right to reject both high and low bids on the aforementioned vehicle.

I understand that the Credit Union makes no representation as to the condition or quality of this vehicle and that, should my bid be accepted, the vehicle will be sold to me on an "as is" basis without recourse.

I also understand that when notified that my bid has been accepted, it is my responsibility to pay for the vehicle by cash, cashier's check or Credit Union check within seven (7) days.

My signature below acknowledges that I have read all the above clauses and stipulations and agree to all of them. I accept the vehicle without any warranty or guarantee, should my bid be accepted.

Signature:	

Name:							
	First		Middle	Last	Suffix		
Address:							
	Mailing Address						
	City			State	ZIP		
Home Phone:	()			_ Work Phone: (ne: ()		
Cell Phone:	()		Prefer to be contacted at:			
	N USE (ONLY:					
					5.4		
	ED:		[]R		Date:		
PO Box 218	3. Mobi	e. AL 36652	251-435-590	0 Fax: 251-435-5975	www.TheInfirmaryfcu.com		