



Youth Livestock Sale Multiple Buyer Form

Exhibitor Name: _____ Tag #: _____ Show Weight: _____

Address: _____ City: _____ State: _____ Zip: _____

Buyers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Purchase Amount: _____ per pound/flat rate Total Amount Billed: _____

Buyer Signature: _____

Buyers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Purchase Amount: _____ per pound/flat rate Total Amount Billed: _____

Buyer Signature: _____

Buyers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Purchase Amount: _____ per pound/flat rate Total Amount Billed: _____

Buyer Signature: _____

Buyers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Purchase Amount: _____ per pound/flat rate Total Amount Billed: _____

Buyer Signature: _____

In every effort to get invoices out in a timely manner we need to have correct billing information. Incorrect information will result in delayed payment to exhibitors. By signing above, you agree to have Columbia County Resources and the Florida Gateway Fair Invoice you for the purchase/ad on from the 20____ sale. Please feel free to contact the fair office if you have any questions.