



Youth Livestock Sale Add Ons

Buyers Name: _____

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

Email: _____ Phone Number: _____

Exhibitor Name: _____

Purchase Amount: _____ per pound/flat rate

Exhibitor Name: _____

Purchase Amount: _____ per pound/flat rate

Exhibitor Name: _____

Purchase Amount: _____ per pound/flat rate

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Purchase Amount: _____ per pound/flat rate

In order to properly bill you for your bid and/or add on related to the 20____, Youth Livestock Sale, we must have your correct billing information. The exhibitors will not get paid in a timely manner if we do not timely mail invoices. **By your signature below you are acknowledging that the billing information above is your correct billing address and you agree to pay the invoice(s) mailed to you within 15 days of receipt. Please feel free to contact the fair office if you have any questions.**

Buyer Signature: _____ **Date:** _____