

Buyer Add On Agreement Form

Business / Individual Name: _____

Contact Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Exhibitor	Species	Amount \$
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Thank You for your support. Your bid will be added to the exhibitor's overall premium.

Please make checks payable to: **FCAS Livestock Sale Committee.**

Return by July 21, 2024 to: Franklin County Livestock Sale Committee
Attn: Rachel Bausch
PO Box 288 Hilliard, OH 43026