

BIDDER CERTIFICATION FORM

PROPERTY ADDRESS: 4000 Medical Center Drive, Unit B-13, Fayetteville NY 13066
Sellers Name: Radiotherapy Partners, LLC

Online Auction: Sunday Jan. 17th, 2021 - 1PM through Fri., Jan. 29th, 2021- midnight
Virtual Online & Live Auction: Saturday, Jan. 30th, 2021 – 1PM

***YOU MUST REGISTER UNDER THE NAME THAT WILL BE RECORDED ON THE DEED!**

By signing this form, I hereby certify the following:

1. I have read and understand the Terms of Sale and the Purchase contract and agree to be bound by them.
2. I understand that the Terms of Sale will be strictly enforced and that there will be no exceptions.
3. I acknowledge that I have read the auction rules contained in the Bid Packet completely and understand them. A copy of the Bid Packet, Condo By Laws and Deed with Amendments is available at www.brzostek.com.
4. I certify that I currently have sufficient funds to meet the requirements as called for by the Terms of Sale.
5. I understand that certified funds means: *cash, certified check or money order*.
6. I understand that if I am the successful Bidder, I will sign the Purchase Contract and that only the registered successful bidder may sign the contract.
7. I understand that a 10% Buyer's Premium will be added to my final bid.
8. I certify that I agree to accept the property in AS IS condition. If there is anything concerning the condition of the property that I do not understand or need further explanation on, I will ask prior to bidding.
9. Issuance of a bad check is a Class B misdemeanor under the Penal Law. Any stopped payment checks will be treated as a Breach of Contract.

SIGNATURE: _____ DATE _____

PRINT NAME: _____
(Purchaser Name or LLC if applicable)

ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

PHONE NUMBER: (CELL) (_____) _____ (HOME) (_____) _____
(WORK) (_____) _____

E-MAIL ADDRESS: _____

Paddle # _____