

Accession Number: _____



Museums of Historic Hopkinsville-Christian County

217 East 9th Street
 P.O. Box 1093
 Hopkinsville, KY
 270-887-4270

Purchase Form

Date: _____

Name of Vendor: _____

Address of Vendor: _____

Phone: _____ Website/Email: _____

Objects Purchased

Accession Number	Quantity	Description	Price

TOTAL _____

Method of payment: Cash Check Credit Card

Reason for Purchase: _____

Seller's Warranty and Indemnification

I hereby affirm that the following objects have been sold to the Museums of Historic Hopkinsville-Christian County :

I/We Affirm that I/we are the owner(s) or legal agent(s) of the property described above, that I/We have good and complete right, title, and interests to sell, that the object(s) has (have) been received by the Museums of Historic Hopkinsville-Christian County as a sale, desiring to absolutely transfer full title in agreement to the terms specified herein, I/we hereby sell, assign and convey finally and completely, and without any limitation or reservation, the property described above to the Museums of Historic Hopkinsville-Christian County and its successors and assign permanently and forever, and hereby convey (where applicable) nonexclusive rights to any copyrights and other interests therein. Furthermore, I/We affirm that the property has not been illegally removed from federal, state, or tribal lands nor illegally crossed federal or state boundaries.

I/We have received full payment from the Museums of Historic Hopkinsville-Christian County for the above objects.

Seller(s) or Authorized Agent(s)

Date

Authorized MHHCC Representative

Date