



FLORENCE COUNTY BIDDER REGISTRATION FORM

BIDDER INFORMATION

This section represents the individual or entity financially responsible for the bid.
This will be the name shown on any refunds or on any deeds, if applicable.

(PLEASE PRINT CLEARLY. INFORMATION MUST BE LEGIBLE.)

BIDDER NAME _____
NAME OF PERSON OR ENTITY OFFERING BIDS

ENTITY OFFICER _____
IF BIDDER IS AN ENTITY PLEASE PROVIDE NAME AND TITLE OF OFFICER

BIDDER ADDRESS _____

CITY STATE ZIPCODE

EMAIL _____

PHONE NUMBER (_____) _____

DRIVER'S LICENSE _____
STATE NUMBER

By my signature below, I acknowledge receipt of, have read and understand all information provided on the Buyer's Information Sheet.

PRINTED NAME

BIDDER SIGNATURE (If entity, must be signed by officer listed above.) DATE

*Mail form to: Florence County Delinquent Tax Office **OR** Email Form to:
ATTN: Lisa McBryde **LMcBryde@FlorenceCountysc.gov**
180 N Irby St, MSC-TT
Florence, SC 29501

* Form must be received in the Delinquent Tax Office by **Friday, October 3, 2025.**

If form is mailed, please pick up numbered bidder card prior to Tax Sale in Delinquent Tax Office, Room 107, County Complex, 180 N Irby St, Florence, SC.

DELINQUENT TAX OFFICE USE ONLY:

BIDDER # _____