



## Consignment Drop-Off Form

**PLEASE PRINT CLEARLY**

Glenview \_\_\_\_\_ Livonia \_\_\_\_\_ Pettit \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email:(Required)  
\_\_\_\_\_

When my consignment item(s) sell, I prefer to have:

\_\_\_\_\_ In-store credit only

\_\_\_\_\_ Website credit only

I, \_\_\_\_\_, understand and agree to the terms of this policy

\_\_\_\_\_  
Signature Date

*For office use only*

Items on Consignment:

Tag # \_\_\_\_\_ Description \_\_\_\_\_

Tag # \_\_\_\_\_ Description \_\_\_\_\_

Tag # \_\_\_\_\_ Description \_\_\_\_\_