



Consignment Drop-Off Form

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

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: _____

Tag #: _____ Description: _____