

Inventory Sheet

New or Existing Consignor (**Please circle**)

Name:

Address:

Email:

Phone:

PLEASE LABEL ALL ITEMS WITH YOUR LAST NAME PRIOR TO THEM ARRIVING AT SHOP (Labels that stick are best). ALSO, NUMBER THE LABEL TO MATCH INVENTORY LIST BELOW.

For example: Labels on items. Smith 1, Smith 2

On list below 1.Bed from France 2.Bed from IKEA

Item _____ Original Price (if known) _____ Any info you know would like to give us on item _____

Consignor Signature:

Date:

Signature of shop representative to verify received:

Date: