



Consignment Boutique

The place for discerning shoppers

Consignment Form

Consignor ID

Customer Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell _____

E-Mail address _____

Birthday Month _____ Day _____

Your information will not be shared with any other distributor.

First 45 days Full Price

Last 15 days 25% reduction from original price

I wish to donate my unsold items to charity Yes ___ No ___

I wish to pick up my unsold/NTY items Yes* ___ No ___

* There is a \$25 annual fee. I understand that any unsold items NOT picked up after notification becomes the sole property of Consignment Boutique and may be disposed of at their discretion.

Signature _____ Date _____

CB Signature _____

Sheila Ralph

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