



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### DROP-OFF SLIP

Name: \_\_\_\_\_

Consignment preference:

Home Address: \_\_\_\_\_

Store Credit      or      Check  
(50%)                              (40%)

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

Cell #: ( \_\_\_\_\_ ) - \_\_\_\_\_

Ineligible items preference:

Email: \_\_\_\_\_

Donate      or      Return for pick-up\*

\*If you choose the "return" option, the items must be picked up within 7 business days after the email notification is sent.

By filling out this drop-off slip and leaving your items with us, you are acknowledging that you have read and accepted our Consigning Policy.

Consignee's Signature: \_\_\_\_\_

**Account #** \_\_\_\_\_

**Box #** \_\_\_\_\_ **of** \_\_\_\_\_