ANTIQUE CONSIGNMENT INVOICE

Date:

Invoice #:

CONSIGNOR INFORMATION

Name:

Address:

Phone:

Email:

CONSIGNEE (GALLERY/SHOP)

Business Name:

Address:

Tax ID:

Contact:

ITEM #	DESCRIPTION & PROVENANCE	SOLD PRICE	COMM. %	NET DUE

Gross Sales: $_____
Total Commission: $_____
Fees (Restoration/Auth): $_____
Total Consignor Payout: $_____

Consignor Signature: _____ Date: _____

Authorized Agent: _____ Date: _____

Terms: Standard 30-day payout following sale finalization. All items authenticated as per description.