INVOICE

Children's Consignment Shop Name

Date: _____

Invoice #: _____

Consignor Details:

Name: _____
ID#: _____
Phone: _____

Payment Method:

Store Credit [ ]
Check [ ]
Digital Transfer [ ]

ITEM DESCRIPTION (BRAND/SIZE)	CONDITION	PRICE	SPLIT %	PAYOUT

ITEM DESCRIPTION (BRAND/SIZE)	CONDITION	PRICE	SPLIT %	PAYOUT

Subtotal: $ _____
Fees: $ _____
Total Payout: $ _____

Notes: Items not sold within the consignment period will be subject to discount or donation as per the signed agreement.

Thank you for consigning with us!