CONSIGNMENT SALE INVOICE

[Store Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Consignor ID: _____

Consignor Information

Name: _____
Address: _____
Phone: _____

Buyer Information

Name: _____
Payment Method: _____

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: $ _____
Sales Tax: $ _____
Grand Total: $ _____

Consignment Terms & Split

Store Commission: ____% | Consignor Payout: ____%

Estimated Consignor Credit: $ _____

Notes: All consignment sales are final unless otherwise specified in the store policy. Thank you for supporting local business.

Signature: _____ Date: _____