[SHOP NAME]

[Address]
[Phone]
[Email]

INVOICE

Date: _____
Invoice #: _____

CONSIGNOR / SELLER

Name: _____
ID #: _____
Phone: _____

CUSTOMER / BUYER

Name: _____
Address: _____
Phone: _____

Item Description	SKU/Lot #	Quantity	Unit Price	Total

Item Description	SKU/Lot #	Quantity	Unit Price	Total

Subtotal: $_____
Tax (___%): $_____
Delivery Fee: $_____

Total Due: $_____

Terms: All consignment sales are final. Items are sold "as-is." Delivery must be scheduled within 7 days of purchase. Payment split: ____% Shop / ____% Consignor.

Customer Signature: _____ Date: _____