JEWELRY CONSIGNMENT SHOP

123 Luxury Lane, Suite 100
City, State, Zip
Email: contact@jewelryshop.com

INVOICE

Date: _____
Invoice #: _____

CONSIGNOR INFORMATION Name: _____
Phone: _____
Address: _____
BUYER INFORMATION Name: _____
Phone: _____
Payment Method: _____

SKU/ID	Item Description (Metal, Stones, Weight)	Unit Price	Qty	Total

Subtotal: $ _____
Tax (___%): $ _____
Grand Total: $ _____

Consignment Terms: All sales are final on consigned items. No returns or exchanges. Authenticity is guaranteed based on consignor disclosure and shop inspection. Shop commission (____%) will be deducted from the payout to the consignor as per the signed agreement.

Authorized Signature: _____ Date: _____