CONSIGNMENT INVOICE

Invoice #: _____
Date: _____

[Business Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

CONSIGNOR (OWNER)

Name:

Address:

Phone:

TERMS

Consignment Period: _____ days
Commission Rate: _____ %
Payment Method: _____

Item ID	Description	Qty	Unit Price	Total Value	Comm. %

Subtotal: $_____
Total Commission: $_____

Consignor Payout: $_____

Notes / Conditions:

_____
Consignor Signature

_____
Consignee Signature