

123 Resale Ave, Vintage City
Phone: (555) 010-9988

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Date:

Invoice #:

Name:

ID/Acct:

Address:

Split: % Consignor / % Store

Payout Date:

Item ID	Description	Sold Price	Fee %	Net Payout

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Gross Sales:

Store Commission:

Item/Admin Fees:

Consignor Payout:

Note: Items not sold within the agreed period are subject to markdown or donation as per the original contract. Thank you for consigning with us.

Consignor Signature: _____ Date: _____