

Please enter address where checks will be mailed to	*Referred by:	*Received Date:	Consignor #	
*Name:	*Phone: ()	*Email:		
*Address:	*Apt #	*City:	*State:	*Zip:

PLEASE FILL IN THESE AREAS

Item #	Description of Item	Brand Name	Original Purchase Price	Dimensions			*Notes
				H"	W"	D"	
1							
2							
3							
4							
5							
6							

(Initial) ____ I understand and agree that my consignment term is 60 days and items will reduce by 10% every 20 days. I understand that DTLG Retail LLC dba Jackson Square Mall runs sales and my items may be reduced up to an additional 20% at any time. I understand that I will not be contacted at the end of my consignment term and if I do not contact Jackson Square Mall at the end of the term to claim any unsold items within (2) two days, my items will expire and will become the property of Jackson Square Mall to donate, sell or dispose of.

(Initial) ____ I understand and agree that pricing is done by Jackson Square Mall based on age, brand, condition & fair market value.

I have read this Agreement and agree to the terms and conditions listed on the reverse page: _____

*Consignor Signature

*Date

Page ____ of ____	Photo'd in Traxia:	Entered in Traxia:	Accepted & Consignor ID tagged by (Employee):
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