



Consignor No: _____

CONDITIONS FOR CONSIGNMENT

1. We accept consignments as follows:
 - Monday – Thursday: 10 am - 4 pm
 - Friday and Saturday: by appointment ONLY
 - Spring and Summer Items: January thru July
 - Fall and Winter Items: August thru December
2. Items to be accepted must meet the following standards:
 - Clothing must be on hangers, laundered or dry-cleaned.
 - Clothing should be no more than three years old.
 - All items must be free of odor and stains (mothballs, perfumes or smoke).
 - Household items and other goods must be in good and clean condition.
3. Pricing an item (including initial, discounts and promotions) is at the discretion of **Passage Consignment Shoppe**.
4. The **Consignor** will receive 40% of the sale price after the article is sold.
5. **Consignors** may collect for items sold by coming to **Passage Consignment Shoppe** during store hours.
6. Length of time for consignments is approximately 90 days. At the end of 60 days, the **Consignor** may come to the shop, locate and retrieve their unsold items. A \$10.00 fee is assessed to the **Consignor** for items picked up before 60 days. Unclaimed items become the property of **Passage Consignment Shoppe** after the 90 day period. The 90 day period is not applicable to fine jewelry or furniture. It does not apply to items paying 50% commission. All such items will also be discounted by store personnel, not through our regular discount system.
7. The **Consignor** will pay an initial registration fee of five dollars (\$5.00) for registering an unlimited number of items. The fee is renewable on your anniversary date.
8. **Passage Consignment Shoppe** will use care but is not responsible for consigned items in case of theft, fire or damage. Consignments left at **Passage Consignment Shoppe** are at the risk of the **Consignor**.

AGREEMENT BETWEEN THE CONSIGNOR AND Passage Consignment Shoppe.

I have read the above terms and agree to the above Conditions for Consignment.

Name	_____	Signature	_____
Address	_____	Date	_____
City, State, Zip	_____	Home Phone	_____
E-mail	_____	Work Phone	_____
Birth Day & Month	_____	Referred By	_____