

*116 Central Avenue
Whitefish, Mt. 59937
406-471-7063*

**Consignment Agreement

 Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                             **Account** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Welcome to **Trunk Show Consignment and Boutique**. We are an upscale consignment shop and we are excited to have you as a new consignor.

1. All clothes must be in excellent condition, on hangers, laundered, and in style.

2. Our store, **Trunk Show Consignment and Boutique**, reserves the right to select only those items that are suitable for our clients.

3. Your items will be displayed in our store for a period of **60 days** following consignment.

4. You will receive **40%** of the selling price, if you choose to be paid out at the end of the month.

**NOTE:**If you choose to store your money on account in store, you will receive **50%** of the selling price.

5. **Additional Consignment Fee:** A $1.00 stocking fee per consigned item sold will be deducted from your revenue share at the time of purchase.

6. You will be notified via email when your consigned item is purchased, however, it is the responsibility of each consignor to track the 60 day expiration date of each item consigned. If your clothes are not picked up within 7 days past the last day of your consignment period, they will become the property of **Trunk Show Consignment and Boutique.**

7. Please note, **Trunk Show Consignment and Boutique** assumes no responsibility for loss or damage to inventory due to theft, accident, fire, or other causes.

8. Prices will be established at **Trunk Show's** discretion, and all items are subjected to in store sales and price reductions.

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**Store Representative Date Consignor Date**

 **(Check one of the following)**

**Donate items after 60 days \_\_\_\_\_\_\_\_\_\_\_\_             Return items after 60 days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip \_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**