| Staff to complete Tagged | | | Account Number: | | | |
|--------------------------|---|--|--|--|--|--|
| | | | Date: | | | |
| Pictured | | | | | | |
| E-maile | u | CONSIGNMENT AGREEM | MENT | | | |
| | | CONSIGNIVIENT AGREET | VILIVI | The White Pear, Inc | | |
| | | | 20 West Main Street, Schu | | | |
| | | | | 570.581.822 | | |
| | | | they | whitepear@comcast.ne | | |
| Please | Print | | | | | |
| Name: | | | | <u>-</u> | | |
| Mailin | g Address: | City | ZipCode | e: | | |
| Teleph | one: | E-mail: | | | | |
| • | The White Pear will d | etermine the selling price of all items | based on age, condition, b | rand, style, size and Initial Here | | |
| • | All consigned items w | vill be subject to a price reduction at th | he discretion of The White | Pear. Initial Here | | |
| • | \$100.00. If the item i The White Pear will d issued. If the garmen | plit the proceeds of the sale with the sale sold for less than \$100.00, the considerable of the sale with the sale with the sale with a \$2.50 accounting fee which we sale is purchased with a credit card, the sale coceeds. The White Pear issues Settle | gnor will receive 40% of the vill be deducted from each of 5.25% credit card processin | e selling price. Initial Here consignor check ng fee will be | | |
| • | careful and trustwort | ormal dress broker and cannot hold in hy, but assume NO liability for fire, th and some wear should be expected a | eft, damage, or wear. You | | | |
| • | the option of donatin pick-up dates. All item | . After the 6-month period consignor's responsibility to the contract end date will actice. Consignors forfeit all | keep track of the automatically | | | |
| | | | | Initial Here | | |
| • | This agreement may | not be modified except in writing, sigr | ned by all parties. | Initial Here | | |
| | Your signature below | indicates that you have read the above | ve and agree to the terms. | | | |
| | | | | | | |

Printed Name

Date

Signature

| Account Number: | |
|--|--|
| ** Contract End Date (6 months from date of consignment) | |
| ** If your garment does not sell, do you wish to Donate? | |

Item Details

| Item & Color | Size (if altered, please indicate) | Short Dress Long Dress Please Circle | Flaws on Garment | Sales Price To be Determined by Manager | |
|--------------------|---|--|---------------------|--|--|
| 1. | | L/S | | | |
| 2. | | L/S | | | |
| 3. | | L/S | | | |
| 4. | | L/S | | | |
| 5. | | L/S | | | |
| 6. | | L/S | | | |
| 7. | | L/S | | | |
| 8. | | L/S | | | |
| 9. | | L/S | | | |
| 10. | | L/S | | | |
| 11. | | L/S | | | |