



Date\_\_\_\_\_

## Consignment Form

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Make and Model: \_\_\_\_\_

\*\*\* Please list any attachments: \_\_\_\_\_

Serial Number: \_\_\_\_\_

\*\*Agreed Consignment Percentage \_\_\_\_\_

\*\*Agreed Sell Price \_\_\_\_\_

\*\*Agreed Consignment Term 30 days \_\_\_\_\_

Consignor will be paid 7-14 days after payment is received and equipment is delivered.

Sign \_\_\_\_\_

Print

\_\_\_\_\_ Date

\_\_\_\_\_