CONSIGNMENT DROP & RUN FORM

PLEASE ALSO CONTPLETE THE	CONSIGNOR AGREEMENT FO	RIVI ON THE BACK OF	ITIS PAGE. ITIANKS:
Date:	Consi	gnor Number:	%:
Name:			
Cell Phone Number:			
Number of Items (optional):			
I CHOOSE THE FOL	LOWING OPTION	FOR THIS DR	OP OFF ONLY:
○ CASH CONSIGNI	иENT – 40% SPLIT – М	AY BE CASHED O	UT ON DEMAND
_	ONSIGNMENT – 50% -		
•	eds will be credited to y		
	a Buy Outright Offer. A	G	•
emailed an itemized	d listing and Consignor	Access Code onc	e processed.
NO THANK YOU ITEMS	PLEASE DONATE	WILL PICK UP WIT	HIN 10 DAYS
Signature:			
• All "No Thank You" items	are determined at the discretion	on of Lallings staff	
	items as needed for a deducti		
•	' and all items not picked up w	•	ation become the
property of Lollipop and m	nay be donated to the organiza	tions and/or charities	of our choice.
	LOLLIPOP USE C	<u>ONLY</u>	
REASONS FOR NTY IT	EMS - #ITEMS TAKEN	#DONATE/RET	ΓURN
Overstocked Item/Size	O Holes / Rips / Picks	∩ Not W	orking
O Unacceptable Brand			/ Button Issues
○ Age / Style	OPet Hair / Odor	○ Missin	g Pieces
○ Stains / Fading	O Dirty / Scuffed Shoo	es	
PRESORTED BY:	DATE:		
ENTERED BY:	DATE:		
NYT DONATE: (
NTY RETURN: O P/U DEAD	DLINE:		
_			
CONSIGNMENT EMAIL SENT	DATE/INITIALS:		