

Option #1 _____ Option#2 _____
Check-In Initial _____ Total Items _____

Consignor Name \_\_\_\_\_ Consignor# \_\_\_\_\_ Date \_\_\_\_\_

**DROP OFF RECEIPT (FRIDAY ONLY)– 10 ITEMS OR LESS**

	<b>Type</b>	<b>Description</b>	<b>Color</b>	<b>Size</b>
<i>EXAMPLE</i>	<i>Tops</i>	<i>Talbots LS Sweater</i>	<i>Black</i>	<i>Medium</i>

1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Items that DO NOT meet our criteria will be rejected and may be donated. We are not obligated to hold or return rejected items. Please visit [www.myresaleweb.com](http://www.myresaleweb.com) for all account inquiries.**

**Priced on \_\_\_\_\_ Initial \_\_\_\_\_ # \_\_\_\_\_ thru # \_\_\_\_\_**