

Check-In Initial _____
Total Items _____

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

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

	Type	Description	Color	Size
<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 # \_\_\_\_\_**