

PATIENT
ZERO
RECORDS

Consignment Form

Name:

PayPal:

Label:

Artist:

Title:

Quantity:

Price Each: \$

Catalog #:

Pay Schedule (Check One): Per Item: Completion:

I agree to consign the title listed above to Patient Zero Records for retail sale. I understand that I can have them returned to me at anytime but am fully responsible for return shipping.

Please include a description of the release along with any images to:
JerryPatientZeroRecords@gmail.com

Please be sure to include a seperate invoice for each item submitted for consignment. Please fill out the form, sign, and return with the submitted release.

Mail to:
Patient Zero Records
545 South Main St.
Unit 17
Lanesborough, Ma 01237

Name:

Date: