2015 South Shore Stitchers Country Store Consignment Form

					#	
Initials:		Date:			Pg____ of____	
Name:		Phone:				
Address:		State:	NJ	Zip:		
City:						

Item #	Description: Type of item, Size, Color	Qty	Price each	# sold	$ Amt sold	Net ret'd.
	Totals:					
	Total amount sold:	$			**Date paid:**	
	Less 10% commission to SSS's (15% for non-members)	$			**Check #**	
	Net Amount Due	$				
NOTE:	Attach tags to all items with the following info:					
	description, size, color, price and your initials					
A UNIQUE NUMBER WILL BE ASSIGNED FOR EACH ITEM WHEN YOU CHECK IN.						
	THANK YOU FOR YOUR COOPERATION.					