

Name on Tag:



The Mothers' Center of Central New Jersey, Inc.
Consignor Inventory Cover Sheet * Spring 2010 Sale

Consignor Name:

Phone Number: ()

Street Address:

Name on Tag:

City:

State:

Zip:

E-mail Address:

Is this a new mailing address or phone number?

YES NO

Will you be participating in the half price sale?

YES NO

*If not your items must be tagged with pink tags.

Will you be donating unsold items at the conclusion of the sale?

YES NO

** If so, your tags must be highlighted.

Will someone other than yourself be picking up you unsold items?

YES NO

If so, who? _____

IMPORTANT REMINDERS:

ITEMS WILL BE SOLD AT HALF PRICE DURING THE HALF PRICE SALE UNLESS THEY ARE TAGGED WITH A PINK TAG.

IF YOU ARE NOT DONATING YOUR ITEMS AT THE CONCLUSION OF THE SALE THEY MUST BE PICKED UP BETWEEN 4:30 AND 5:30 PM ON SATURDAY.

A PHOTOCOPY OF THE INVENTORY SHEETS WILL BE SENT WITH YOUR CHECK. RIPPED TAGS WILL REMAIN ON FILE FOR TWO MONTHS FROM THE SALE DATE.

----- SALE ACCOUNTING BELOW – MOTHERS CENTER USE ONLY -----

Full Price Sale: # of Tags _____ Total Sales Amount: \$ _____

Half Price Sale: # of Tags _____ Total Sales Amount: \$ _____

Grand Total: \$ _____

MCCNJ 50%: \$ _____

Consignor 50%: \$ _____