Name on Tag:

The Mothers' Center of Central New Jersey, Inc.

Consignor Inventory Cover Sheet * Fall 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%: **$_____**