



Merchandise Submission Form

DATE _____

CUSTOMER NAME - _____

Email - _____

Phone - _____

Consigner certifies that the items listed below are the only items that are being consigned with SORT.

Signature - _____

SORT Rep Signature _____

** By executing the instant agreement, you authorize SORT SMART LLC to sell your items on consignment pursuant to the terms described herein.

ITEM #	DESCRIPTION	AGE OF ITEM	CONDITION	SUGGESTED PRICE	MINIMUM PRICE



Customer Name: _____

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