Supporting

9697 Kenwood Road
Blue Ash, OH 45242

513 793-7387
contactus@wagstorichesconsignments.com

Merchandise Intake Questionnaire

Consigner Name (print): _____ Account #: _____

Cell Phone: _____

Email: _____

The consignment period for these items ends on this date: _____

I agree to donate all items that do not meet the $15 minimum ____ Yes ____No

I agree to donate any of the items that do not sell within the sixty day consignment period: ____Yes ___ No

*The Price Paid that you list is not necessarily the price Wags will list as the floor price.

Items for Consignment:	* Price Paid
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Consigner: _____ Date: _____

Wags to Riches: _____ Date: _____