CONSIGNMENT CONTROL

Please fill in prior to auction and submit upon arrival

SELLER'S NAME: _____ Number: _____

Street Address: _____ Date: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____

Other: _____

Lot. No.	Quantity	Description of Item Consigned
		SEE ATTACHED SHEETS FOR ADDITIONAL ITEMS

I commission you to sell the items above and on the attached sheet to the highest bidder by public auction. I certify that I am the above listed goods, merchandise, and / or property and have good title and the right to sell and that they are free from all incumbencies. I agree to accept all responsibility for providing merchantable title and for delivery of title to the purchaser. I agree to hold harmless the auctioneers against any claims of the nature referred to in this agreement.

Total sales (Yellow copy of CT clerking tickets attached)……..... **$** _____

Less sale expense:

_____ **% Commission** ..... **$** _____

_____

_____

Total sale expense deducted……..... **$** _____

Cheque No. _____ **Consignor's net cheque enclosed**…. **$** _____

_____

(Seller's Signature)

Received by: _____

DISTRIBUTION:

1. White to auctioneer.
2. Pink to Consignor at time of check-in.
3. Yellow copy mailed to consignor with payment cheque.

Page No. _____

WHITE – AUCTIONEER'S COPY PINK – SELLER'S CHECK-IN COPY YELLOW – SELLER'S FINAL STATEMENT COPY