

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
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
		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 incumencies. 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.

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