



Post Falls Thrift & Consignment Store
 1211 E. Third Street
 Post Falls, ID 83854
 PFT&C: (208) 773-4815
thrift@teshinc.com ♦ www.teshinc.com ♦ fax: (208) 765-3817

~ Office Use Only ~

Account Number: _____

P.F. Thrift Store Consignment Contract

*Consignor will receive _____% of the final sale price of items sold.

*The total consignment period is three months. Items will be priced at intake and remain at that price for 2 months (unless consignor gives permission to lower price). At the beginning of the third month, consignor will: **(you must check one below):**

- _____ will have price reduced 50% for one additional month
- _____ consignor will pick up items within 10 days

*After an additional month, unsold items must be picked up within 10 days or they become the property of the store. (Donation receipts are available.)

*We will take exceptional care of the items you consign; however, merchandise is left at your own risk. **P.F. Thrift Store is not accountable for loss due to fire, theft, or damages.** [For highly valued items, check your homeowner's or renter's insurance coverage.]

*Consignor will come to agreement with store employees in setting *reasonable* prices for their items. PF Thrift Store reserves the right to refuse any items and to limit the number of items we accept. No items will be accepted that are priced under \$1.

Items must be in excellent condition and "ready to sell". [*ie furniture clean and in good repair, appliances in working order, clothing washed/ironed/on hanger, etc*].

*Payments are issued twice each month, on the 20th (items sold between the 1-15th) and on the 5th of the next month (for items sold between the 16th and the end of the month). Checks will be issued if a consigner has sold more than \$10 worth of items. Smaller accounts will be paid in full at the end of each quarter (5th day of January, April, July, and October).

By signing this contract, I have agreed to all terms outlined above and certify that I legally own the item(s) brought in for consignment with full rights to sell such items.

Print Name _____

Date: _____

Signature _____

Phone: _____

Mailing Address _____

Cell phone: _____

Email address _____

Signature of TESH representative

Date