

| Client name:                   |
|--------------------------------|
| Sellers ID No. (If known):     |
| Date of drop off:              |
| Please list vour items here: - |

| Item<br>No. | Item Description & Brand | Size | Suggested Starting Selling Price (optional) |
|-------------|--------------------------|------|---|
| 1           |                          |      | ,   |
| 2           |                          |      |   |
| 3           |                          |      |   |
| 4           |                          |      |   |
| 5           |                          |      |   |
| 6           |                          |      |   |
| 7           |                          |      |   |
| 8           |                          |      |   |
| 9           |                          |      |   |
| 10          |                          |      |   |
| 11          |                          |      |   |
| 12          |                          |      |   |
| 13          |                          |      |   |
| 14          |                          |      |   |
| 15          |                          |      |   |

By completing this form you have agreed to our T&C's.