

The LOFT

201 Central Ave
Whitefish, MT 59937
(406) 862-3200

Consignment Agreement

Name_____ Date_____ Account#_____

#items submitted_____ #items accepted_____

1. All clothes must be in excellent condition, must be laundered and folded nicely. We will not accept clothes that have stains, rips, holes, covered in pet hair, have strong odors or show excessive wear and or pilling. Shoes will be accepted only twice a year when announced for a special event.
2. We do not accept undergarments, men's or children's clothing.
3. **The Loft** reserves the right to select only those items that are suitable to our clientele.
4. **The Loft** will price items to our discretion.
5. Your items will be displayed in our store for a period of **60 days** following consignment.
6. You will receive 35% of the selling price. If you chose to keep the money in the form of a store credit you will receive 45%. Store credit will be valid at The Loft, Village Shop and Steeps tea.
7. A check or store credit will be issued from the Village Shop between the 15th and 25th of each month for the items that were sold the previous month. There will be a \$2.00 check processing/ mailing fee which will be deducted from your amount that was sold. If by chance you lose your check you will be charged \$25.00 to stop payment on that check and to be reissued.
8. **The Loft** reserves the right to discount items over time or due to special sales or events.
9. Please note that **The Loft** assumes no responsibility for loss of damage to inventory due to an accident, theft, fire or other cause.

10. At the end of your consignment contract you are responsible to pick up any unsold items within 7 days of your expired contract. If your items are not picked up they will become property of **The Loft**.
11. If you exceed **\$600** or more in sales, you will be asked to fill out a **1099Form**. This means you will be asked for your social security number. All personal information will not be shared publicly. It is only for our accounting records.

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Phone (Home or Cell, please indicate)

Donate items after 60 days _____ Return items after 60 days _____

Please send me a check _____ Please give me store credit _____

Store Representative Date Consignor Date

*****Do Not Write, Store Representative Only*****

Picked up rejected items _____ Date _____

Picked up expired contract items _____ Date _____