

ROMAN'S CONSIGNMENT PROGRAM **AGREEMENT**

Date:	Vendor#:		
Title:	Binding: \square PB \square HC Qty:		
ISBN:	Pub Date:	Category:	
Author:			Retail Price:
Contact Name:		Telephone #:	
Email Address:			
Vendor Name (Check will be issue	ed in this name):		
Street Address:			
City:		State:	Zip:
Vroman's hereby acknowledge Vroman's is not responsible fo			on a consignment basis.
Vroman's agrees to pay vendor	% of the not	ed retail price for eac	ch item sold.
The consignment period for the The length of the consignment Vroman's and vendor.			
Indicate which package consig	nee is purchasing:		
☐ Bronze \$50.00 [☐ Silver \$125.00	☐ Gold \$29	98.00 (Local Authors Only)
Vroman's Hastings Ranch:	□ \$20.00	Qty:	
Reconciliation of merchandise will ship back unsold items at	C		C I
By signing below I acknowled	ge that I have read and	agree to the terms in	the consignment brochure.
Vroman's authorized signature	:		Date:
Vendor's authorized signature:			Date:
	OFFICE US	SE ONLY	
Total Quantity: Delive	red	Inventoried	Sold