**CONSIGNOR AGREEMENT FORM**

1. I certify that I am a current military ID card holder (active duty, retiree, active-duty reservist, active-duty National Guard or a dependent of the same) who is in possession of a current valid military ID and I am 18 years of age or older. \_\_\_\_\_INITIAL
2. I understand that by signing this contract, I am allowed to utilize the consignment privilege as long as my account remains in good standing. \_\_\_\_\_INITIAL
3. I understand that my account shall expire upon the loss of my military ID cardholder privileges. \_\_\_\_INITIAL
4. I understand that I must be present and show my ID each time I consign items at the CCTS. I understand that only the account holder may consign, reduce prices or reclaim items, unless I designate an authorized user. \_\_\_\_\_\_INITIAL
5. I understand that ONLY ONE ACCOUNT is permitted per household or address. If multiple accounts are discovered by management per address, management reserves the right to consolidate accounts. \_\_\_\_\_\_INITIAL
6. I understand that consignor information may not be disclosed over the phone. We value your privacy and safety, so we request that all inquiries be done in person. \_\_\_\_\_\_INITIAL
7. I acknowledge having received a copy of the ‘Cavazos Community Thrift Shop Consignor Agreement Form’, and the ‘CCTS Consignment Rules Policies’. **I understand that it is my responsibility to read, understand, and abide by these rules and policies prior to consigning any items.** I also agree to abide by any rules, policies, or changes thereof that have been posted or given out to our customers. I understand that it is my responsibility to check for new policies with staff or management. Changes to consignor policies will be posted near the door in the consignment area. \_\_\_\_\_INITIAL
8. I understand that I am allowed to designate an authorized user to my account, with the understanding that they will be allowed to consign on my behalf, pick up checks, reduce prices and reclaim items on my account ONLY. I attest that they will present a valid military ID. \_\_\_\_\_INITIAL

**PLEASE CLEARLY PRINT ALL INFORMATION BELOW**

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Account Holder Name (Print) Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Holder Signature City/State/Zip Code

\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Month Year Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s Name (Print) Relationship to Sponsor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized User (Print) Authorized User Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CCTS Employee or \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_

CCTS Management Representative Day Month Year

**\*\*By signing this document, I agree that failure to comply with the terms of this contract will result in the loss of consignment privileges. \_\_\_\_\_INITIAL\*\***