

WVSF CONSIGNMENT VENDOR FORMS

VENDOR NUMBER _____

VENDOR NAME _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

(ADDRESS ABOVE MUST BE THE ADDRESS WHERE YOU WANT US TO SEND A CHECK TO PAY FOR YOUR SOLD ITEMS. 20% OF YOUR SALES AMOUNT WILL BE GIVEN TO THE WVSF AS YOUR CONSIGNMENT FEE.)
