

RePlay Toys: Inventory Intake Form

Consignor Information

Name: _____

Start Date _____

Number: _____

End Date _____

STORE USE ONLY

Item	Name or Description	Manufacturer	Recall List	RePlay List Price	Fees (B, P, C, S)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

_____ I will pick up my unsold toys!

_____ Check (50/50)

_____ Never see my toys again!

_____ RePlay Dollars! (60/40)

Please initial here to indicate that you will pick up damaged or recalled items within 24 hours of notification. _____

Fee Total

PRINT PLEASE