

JLS Consignment LLC, dba Consignment Cabin

1 Main St, Marlborough, NH 03455

Consignment Vendor Application

Name:	Customer ni	ımber:	Date:
Address:		Phone	number:
Email:	Preferred contact:	Bes	st time to reach you:
Have you consigned with other shops	in the past?	If yes, pleas	e provide details:
Please list 5 items you would typically pictures of items currently on hand, p	•	•	•
Is there any additional information yo	u'd like to provide?		