

CONSIGNMENT AGREEMENT

Village Lights Bookstore, Inc.
110 East Main Street
Madison, IN 47250
812-265-1800
info@villagelightsbooks.com

Author Name _____

Address _____

E-mail _____

Phone _____

Title _____

Retail Price _____ 60% _____ 40% _____

Initial Number of Items Delivered _____

- I have received, read, and agree to the Village Lights Bookstore **Terms of Consignment**.
(*please initial*) _____
- Any of my books left at Village Lights Bookstore for more than a month after I have been contacted to pick them up will become the property of Village Lights Bookstore. (*please initial*) _____
- As consignor, I assume responsibility for all shipping charges. (*please initial*) _____
- I understand that Village Lights Bookstore will only pay for items that are sold. As consignor, I assume sole financial responsibility for any damaged or stolen items. (*please initial*) _____

Author Signature _____ **Date** _____