

# 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**