

PNGHS PTA Pre-Owned Uniform Sales

NAME of Seller:	DATE:																				
Bank Account Name and Number:	PHONE NUMBERS:																				
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																					LAND LINE: _____
Postal Address:	Mobile number: _____																				
EMAIL ADDRESS: <i>(for Notification of Payment)</i>																					

Item #	ITEM <i>Please list all items separately</i>	SIZE	PRICE	PTA use SOLD	PTA USE ONLY
0	<i>Example KILT</i>	82 _{CM}	\$XX		
1					Received x _____ items Date _____ Initials _____
2					
3					Accepted x _____ items Date _____ Initials _____
4					
5					Do Not Cut this Sheet Up
6					
7					
8					

<input type="checkbox"/> <i>I have priced my items and I am happy for the PTA to make changes.</i>	OR	<input type="checkbox"/> <i>I have priced my items and NO changes are to be made to these</i>
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- Conditions of sale:** - items will only be **ACCEPTED** for sale in **Good Condition** and **Clean**.
- PNGHS PTA retains 20% commission.
 - Goods will be held for sale on behalf of the vender for up to 18 months.
 - Goods not sold after 18 months may be reclaimed by the vendor or will be deemed to become the property of the PNGHS PTA and will be disposed of as the PTA sees fit.
 - It is the vendors' responsibility to inform PNGHS PTA of any bank account number changes. Our Email address is pnghsparents@gmail.com
 - Please take a copy of this form for your own records

ALTHOUGH EVERY CARE WILL BE TAKEN, NO RESPONSIBILITY WILL BE ACCEPTED

I have read and I accept the above conditions [Signature] _____ Date _____