



CAPO AUCTION

FINE ART & ANTIQUES

CONSIGNMENT AGREEMENT SCHEDULE A

RECOMMENDED BY _____

SELLER'S NAME _____ Number _____

Street Address _____ Date _____

City _____ State _____ Zip _____ Phone(s) _____

Email _____ Alternate Cell _____

Lot. No.	Quantity	Description of Item Consigned	Reserve(s) / Pre-Sale Estimates
		SEE ATTACHED SHEETS FOR ADDITIONAL ITEMS	

Page No. _____