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### Consign Author Contact Information

Author Name: \_\_\_\_\_ Author Name On Book: \_\_\_\_\_  
 Payable To: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Book title: \_\_\_\_\_  
 Book ISBN: 978-\_\_\_\_\_ Book retail price: \_\_\_\_\_

#### Consignment Policy

**PRB** charges a **\$25 handling fee** for each title taken on consignment. We will waive the fee for current members of *Women's National Book Association Charlotte Chapter* and the *Charlotte Writers' Club*.

**PAID:** \_\_\_\_\_ **RECEIPT #:** \_\_\_\_\_ **WAIVED:** \_\_\_\_\_ **REASON:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

**PRB** will pay **60%** of the retail price to the author. **PRB** will only pay for items that were sold through our register. **Initial:** \_\_\_\_\_

**PRB** will initially take **5 copies** of the book. During the consignment period, **PRB** may contact the author to request additional quantities. **Initial:** \_\_\_\_\_

**PRB** will pay for any books sold on a **semi-annual basis (end of January & end of July)**. **Initial:** \_\_\_\_\_

**PRB** agrees to carry consignment books for **12 months**. **Initial:** \_\_\_\_\_

**PRB** will donate to a non-profit organization those books left by authors **more than a month** after authors have been contacted to pick up their book. **Initial:** \_\_\_\_\_

**ALL** correspondence regarding consignment will be done **via email**. It is author's responsibility to ensure that we always have a current email address/ phone number during the consignment period. **Initial:** \_\_\_\_\_

**ALL shipping charges** are the responsibility of the author. **Initial:** \_\_\_\_\_

**DAMAGED or stolen items** are the sole financial responsibility of the author. **Initial:** \_\_\_\_\_

**AUTHORS** must add **PRB** to their list of places to purchase the book in **promotional materials** & link to our website. **Initial:** \_\_\_\_\_

**CONSIGNMENT** form, consignment fee, & 5 copies of the book, **MUST** be received before an event will be scheduled. **Initial:** \_\_\_\_\_

Printed name, Author

Signature, Author

Date

**\*Please fill out ALL author and book information above. Form below is for office use only.\***

DATE	INVENTORY COUNT		PAYMENT INFORMATION	EMPLOYEE RECEIPT INITIAL
	REC			
	SOLD			
	OH			
	REC			
	SOLD			
	OH			
	REC			
	SOLD			
	OH			