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Consignment Contact Information

Author name: _____ Author name on book: _____
 Book title: _____
 Book ISBN: 978-_____ Book retail price: _____
 Genre/Category: _____ Intended audience: _____
 Payable To: _____
 Full address: _____
 Phone number: _____ Email address: _____
 Website: _____
 Facebook: _____ Instagram: _____ Twitter: _____ Other: _____
 Describe your marketing strategy for the book: _____

Consignment Policy

- 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 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 may be scheduled.

This box to be completed at book drop-off

PRB charges a **\$25 non-refundable 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:** _____

 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	Employee Received Int.	Payment Information
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	SOLD		
	OH		
	REC		
	SOLD		
	OH		