

Wiggles & Giggles Consignment

_____/_____
Spring or Fall Year

CONSIGNOR REGISTRATION FORM

Full Name: _____

Address: _____

Phone #: _____ Alternative #: _____

E-mail: _____

Password for your Login: _____ Referral Source: _____

Please fill out the above information and mail it, along with your Consignor's Fee check for \$10.00 made payable to Wiggles & Giggles Consignment

Mail To: Wiggles & Giggles Consignment
 P.O. Box 4091
 Covina, CA 91723

Upon receiving this form along with your check, you will receive an e-mail within 24-48 hours with Login access information to the Consignor section of the website. In that section, you will be able to submit your Inventory into the system, schedule your Drop Off time and schedule your Volunteer time, if you're Volunteering.

For Wiggles & Giggles Consignment Use Only

Created Consignor Account _____

Assigned Consignor # _____

E-mailed Consignor with Login information _____

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