



STATE OF NEVADA

DEPARTMENT OF CULTURAL AFFAIRS

DIVISION OF MUSEUMS AND HISTORY

## NEVADA STATE MUSEUM

600 North Carson Street

Carson City, Nevada 89701-4004

(775) 687-4810

[www.NevadaCulture.org](http://www.NevadaCulture.org)

### Consignment Form

The Nevada State Museum Store hereafter referred to as the NSM Store does hereby enter into an agreement to take goods on consignment from \_\_\_\_\_, hereafter referred to as vendor. Both parties agree to the following terms and conditions for a period of \_\_\_\_\_ weeks/months from the date below.

1. Vendor agrees to provide goods to be sold in the museum store on the basis of consignment.
2. NSM Store agrees to provide reasonable display space for sale of items provided by Vendor.
3. NSM Store agrees to run sales report each month and provide payment to vendor based on actual sales made through cash register and item costs provided to NSM Store upon original delivery of items, or changes in costs received by NSM Store at least 15 days prior to any sale of items.
4. Vendor agrees that the NSM Store has no liability for items other than those actually sold through the museum store cash register. Vendor agrees that the NSM Store is not responsible for items missing as a result of shoplifting or other theft.
5. NSM Store agrees to provide the same protections and securities for items owned by vendor as those provided for items actually owned by the NSM Store.
6. NSM Store agrees to conduct and provide copy of inventory records for items provided by Vendor at the end of each month. Vendor agrees to update Vendor records of stock held by NSM Store based on those inventory records.
7. NSM Store agrees to will not be responsible for costs involved in returning unsold items to Vendor.
8. NSM Store and Vendor agree that either party may cancel this agreement at any time for any reason by giving 10 days advance notice in writing to the other party.
9. This consignment is based upon the agreement that the Nevada State Museum Store is to receive \_\_\_\_\_ percent commission of the goods sold.

Agreed to this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
NSM Store Manager

\_\_\_\_\_  
Vendor / Authorized Signer

Vendor Information: Owner Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Tax ID Number \_\_\_\_\_