	Name:				Phone:				
	Business Name: \$20 Vendor Fee: Yes or No				Email:				
					Contact for Price Change Yes or No				
Seller Code	Item No.	Item Name or Seller Code	Item Description	Tech- nique*	Tag Price	Sold Price	Tax	Total	Credit Cash, Check
	1						0.00	0.00	
	2						0.00	0.00	
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
	11								
	12								
	13								
	14								
	15								
	16								
	17								
	18								
	19								
	20								
			TOTALS		0.00	0.00	0.00	0.00	
otal No.	of Items:					\$0.00			
				20% Co	20% Commission				
				Seller C	eller Check				