CONSIGNMENT AGREEMENT

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EXCHANGE	Consignor Account Number	C	
1. Delaware Tool Excha	nge, LLC ("DTX") assumes no respor	nsibility for loss, damage, or destr	ruction of any items consigned.
2. Only items which con	nply with the current "DTX Tool Police	cy" may be consigned. DTX reser	eves the right to refuse any item.
	ents and warrants to DTX that he/she is as full legal authority to consign the it		s consigned under this agreement
4. The Consignor is resp	onsible for delivery and unloading of	all items consigned.	
5. The Consignor author	izes DTX to establish selling prices ar	nd to incrementally discount selling	ng prices at its discretion.
any remaining (unsold it I WANT TO DO NOT ABANDONMENT:	od expires ninety (90) days AFTER a ems), the consignor elects to (initial CIHEM BACK: Contact me to arrange WANT THEM BACK: I authorize I After thirty (30) days of notificating property of DTX. CONSIGNOR A	ONE option): e retrieval of unsold items OTX to dispose of unsold items vi on to retrieve any items from	a Habitat for Humanity.
	ers his/her items from DTX's active in		termination fee may apply.
9. Selling commission.	DTX will retain fifty percent (50%) of	f the selling price of each item it s	sells.
DTX reserves the right	TX, at its sole discretion, may elect to to recover its out-of-pocket costs as v subject to the terms set in this agreement	well as invested labor and to reta	in any sums of money over-and-
11. Payments will be ma	de not later than the fifteenth day of the	he following calendar month.	
12. I select the following	g payment option: PAYPAL	CHECKS	TORE CREDIT
13. Any legal disputes as place in DTX's home sta	re governed by and subject to the laws ate of Delaware.	s of the state of Delaware, and any	litigation, if necessary, will take
14. This consignment ag is as defined herein.	reement represents a binding contract	between Consignor and DTX, and	d the entire scope of said contract
By signing this agreeme	nt, I agree to these terms.		
NAME (checks will be	payable to this person)	E-MAIL (correspondence	will be sent to this address)
ADDRESS (checks will be mailed to this address)		E-MAIL (for PayPal paym	ents if different from above)
		TELEPHONE	
CITY, STATE, ZIP CO	DE DE	DATE	

SIGNATURE