



web site: [www.CrystalExchange.com](http://www.CrystalExchange.com)

Email: [Angie@CrystalExchange.com](mailto:Angie@CrystalExchange.com)

Tel: 513.423.5272 Fax: 513.423.8318

Seller's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

(No PO Boxes) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Method of Sale:     Consignment (CEA assigns prices)     Traditional Brokering

**Definition of Terms:**

<p><b>Commission</b></p> <p>Our brokerage commission is 20% of the selling price, with a \$25 minimum commission.</p> <p>Our consignment commission is 23% of the selling for all items over \$125, with a \$25 minimum commission.</p> <p>Consignment items only: our online auction commission is 35% of the selling price, with a \$35 minimum commission.</p>	<p><b>List Price</b></p> <p>This is the price that the buyer pays.</p> <p>It INCLUDES our commission.</p> <p>The prices advertised on our web site and in listings mailed to potential buyers are the List Prices.</p>	<p><b>Seller's Net</b></p> <p>This is the amount that the seller receives when the sale is complete.</p> <p>It does NOT INCLUDE our commission.</p> <p>This amount is 77-83% of the List Price, depending upon the price of the item and whether or not it is here on consignment.</p> <p>On items \$125 or less, it is the List Price minus \$25.</p>
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Seller Name: \_\_\_\_\_

Prices Below are:  Seller's Net  List Price  You want CEA to set prices

Swarovski Piece, Part #, Variation, Condition & Other Notes	Crystal Logo	Cert or Generic Booklet?	Box?	Box Id Sticker?	Amount (USA\$)
1. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
2. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
3. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
4. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
5. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
6. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
7. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
8. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
9. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
10. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____

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11. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
12. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
13. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
14. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
15. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
16. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
17. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
18. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
19. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
20. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____

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21. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
22. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
23. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
24. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
25. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
26. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
27. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
28. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
29. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____
30. _____	<input type="checkbox"/> Swan <input type="checkbox"/> Block SC <input type="checkbox"/> Ann Ed. <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Correct <input type="checkbox"/> Wrong <input type="checkbox"/> No Box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____