



Bossen Implement, Inc.

Your Toy Equipment Dealer

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Consignment Sales Sign Up Form

First Name: _____ Last Name: _____

Title: _____ Company Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ Cellphone Number: _____

E-mail Address: _____

Website: _____

By Submitting this information, you are acknowledging that you have read and agree to the consignment sellers' policy on the website.