ARTS OF THE ALBEMARLE

INVENTORY DROP-OFF / PICK-UP FORM

Artist Name: _____ Date: _____ ❑Address change

Address: _____ _____ _____ _____
City State Zip Code

Telephone: (____) _____ E-Mail: _____

Name of individual picking up work if not Artist: _____

Individual items must be tagged with artist name, title/description and price. Form must be filled in completely, **PLEASE PRINT LEGIBLY**. You must have a signed **W-9** on file for your work to be displayed in the gallery.

Drop off	Pick up	Item Title or Description	Media	Qty	Price (per item)	**SKU** ***Gallery use only***
✓		Note cards	Mixed	5	4.00	(Sample)
	✓	Bracelets	Glass	4	30.00	(Sample)
✓		Handbags	Fabric	2	20.00	(Sample)
✓		Waterfront at Sunset	Acrylic	1	250.00	(Sample)

USE ADDITIONAL FORMS FOR MORE ITEMS *page ___ of ___* *(rev11-09)*