

SIDESTREET ARTS
 140 SE 28th Ave.
 Portland OR 97214 • 503-327-8064
 SidesteetArtsPDX@gmail.com

ARTIST INFORMATION (for payment)

Name _____

Address _____

Phone _____

Email _____

**Artist Take-In
 Inventory Agreement**

Date: _____

Print your name exactly as it will appear on gallery tags, signage, marketing material, etc. Print clearly, using upper and lower case as it will appear.



Enter title and medium exactly as they should appear on gallery tags:

TITLE	MEDIUM	HxWxD	RETAIL \$	QUANT	SOLD	RTA
1						
2						
3						
4						
5						
6						
7						
8						
9						

The above listed items have been accepted under the terms of the Agreement between **Sidestreet Arts LLC** and the undersigned artist.

Artist Signature: _____ Date: _____

SSA Rep Signature _____ Date: _____

Continued from previous page. Artist name: _____

TITLE	MEDIUM	HxWxD	RETAIL \$	QUANT	SOLD	RTA
10						
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