

**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 tags,**

TITLE	MEDIUM	WxHxD	PRICE (ea)	QUANT	SOLD	RTA

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: \_\_\_\_\_

Printed Name of SSA Rep \_\_\_\_\_

