

SIDESTREET ARTS

140 SE 28th Ave.
Portland OR 97219
503-327-8064
sidestreetartPDX@gmail.com

ARTIST INFORMATION

Name _____
Address (for payment) _____

Phone _____
Email _____

Artist Take-In Inventory Agreement

Name exactly as it should appear on gallery tags, postcards, etc.
Print clearly, using upper and lower case as it will appear.

Check here if artist-provided inventory is attached. All other sections must be complete

Enter title and medium exactly as they should appear on tags,

DATE	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 _____

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