Consignment Inventory

Artist's Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email: _____

Date: _____

I understand that the Frankfort Arts Association retains a **30%** commission (check the box): ☐

Artist Code
(3 initials):

Optional Code	Item Type (e.g, painting):	Title, variation, or other description	Quantity:	Price: