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): ☐

Code: 3 initials + 3 numbers	Item Name:	Description/Medium/Size/etc:	Quantity:	Price: