

Orange Beach Arts Center
Gallery Item Record

ARTIST INFORMATION:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

ITEM INFORMATION

Date Placed in Gallery: _____

Item Code # _____

(vendor number + your initials + your coding)

Title of Piece: _____

Medium: _____

Special Handling Instructions: _____

Price: _____

ITEM DISPENSATION: (please check one)

Removed from Gallery by Artist or Representative

Date: _____

Signature: _____

Sold

Date: _____

Staff handling sale: _____

Optional: Name and Address of Buyer

