



10 N. Beaver Street; York, PA 17401
 Phone: 717.848.3200 Fax: 717.845.6781
 www.yorkarts.org

Consignment Contract

Exhibit: _____

Date: _____

Received From: _____

(Please **Print Artist Name** as it should appear on labels and press releases.)

The following works of art on consignment

	Title / Size / Medium	Date Rec'd	Retail Price / insur. value	Date Sold	Date Returned	OFFICE USE	
						Artist	YorkArts
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Artist Signature: _____

YorkArts Authorized Signature: _____

Address: _____

Title: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Social Security #: _____