FOR SHOP USE - NAME: _____ INVENTORY MARKER: _____

437 Main St. Bennington, VT 05201 | PHONE | info@thebeyondgallery.com

Inventory Sheet
Receipt for Artworks

DATE: _____ CONTRACT PERIOD: _____

ARTIST/MAKER: _____

PHONE #: _____ EMAIL: _____

ADDRESS: _____

INVENTORY FOR (circle one): **G**allery or **S**hop

Inventory # (filled out by Beyond)	Qty	Description or Title	Retail Price (per item)	70% to Artist	30% to Gallery

Use back of form for additional items

Terms of Payment (circle one): CHECK or VENMO (handle) @_____

The billing cycle is from the 1st to the 30th or 31st of the month. All monthly sales will be reconciled the first week of the following month and payments will be either mailed or sent via Venmo by the 7th of the month. The Beyond Gallery & Gift Shop agrees to accept full responsibility for the safe-keeping of the above artworks while they are in its custody.

_____ _____

Artist/Maker Signature Date Gallery Representative Signature Date