

Artist's Informational Form

IMPORTANT: Date _____ Amt Pd _____

Name _____ 3 Initials _____ Date _____

Please check to make sure your initials aren't already being used by another supplier.

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

Email _____

Describe your artwork(s)
