



Your general information:

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Province _____ Country _____

Phone _____ E-mail _____

Web Address _____

Fax _____

Number of years you have been producing art _____

Please note, our customers very much like to know about the artists who create their purchases. Please attach a bio, artist statement and CD photo of yourself for our Artists category. Feel free to include information about exhibits and awards. We will include as much information as possible.

If you have any questions about submitting your work, please contact us at:
+1-866-353-5578 Toll Free
ryan@GlobalArtisanShowcase.com

GLOBAL ARTISAN SHOWCASE
Art Description Form, page 2 of 2.

Please fill out a separate form below for each design, or reproducible design, you would like to submit. Thank you! We look forward to working with you!

Your Name _____

Digital Image # _____ Color _____

Shape _____

Photo Credit for all photos in this form _____

Title of Piece _____

Medium _____ Year _____

Description _____

Size in inches: H: _____ W: _____ D: _____

Estimated Costs, including insurance: Packaging _____

Shipping _____ Crating _____

Wholesale Price, USD, the price GAS will pay to you, includes your cost of packaging, shipping, crating and insurance: \$ _____

Suggested Retail USD \$ _____

Signed? (Yes/No) _____ Numbered? (Yes/No) _____ Where? _____

Limited Edition? (Yes/No) _____ Number in Edition _____

Number of days you require to ship this work of art _____

Quality assurance by Global Artisan Showcase:

Our success as partners depends on timely, first quality shipments of art, with excellent customer service.

. If your shipment arrives in damaged condition, you'll recover your cost by shipping insurance.

. If our customer rejects your piece because it is significantly different from the photo appearing on our website (at the customer's discretion) you agree to accept the return, in good condition, and to waive payment for it. Please initial below.

Accept _____ Do not accept _____

Please sign and fax your acceptance. Signature _____

Fax: 540-371-5821

305 Caroline St.

Fredericksburg, VA 22401

