

The Artery

Screening Application & Inventory Form

Name: _____

Address: _____

Phone: _____

email: _____

Type of work (medium): _____

Inventory of work left for screening:

<i>Title or Description</i>	<i>Retail Sale Price</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

You may use back for further inventory or attach your own format if desired.

To applicant: Every care will be taken with your work while it is at the Artery. However, should loss, damage, or theft occur, The Artery cannot assume liability.

I have read the above disclaimer, and agree that the above inventory list is correct.

Signature of applicant: _____

Received for The Artery by: _____

I have removed from The Artery all work listed in the above inventory.

Signature of applicant: _____