

Artists of Palm Beach County, Inc. Gallery Exhibition Agreement

Artist's Name (Please Print)

Street Address

City, State, Zip

Phone

Email

For the Purpose of:

Exhibit Name:

Exhibit Dates:

Dropped off Date: _____ Picked Up Date: _____ (please initial)

Agreement: (Please Initial each)

_____ **Sale of art:** The Member Artist will receive 75% payment of the sale of his/her art. Non-Member Artist will receive 65% payment of the sale of his/her art. Sold work will be transferred to the customer upon purchase. Artists will be paid within 30 days after the end of the exhibit.

_____ **Gallery** personnel handling sales will encourage the use of credit card or cash payment to avoid issues with returned checks.

_____ **All Florida Sales Taxes** apply and will be collected and paid through APBC, Inc.

_____ **Insurance:** APBC, Inc. carries liability insurance which does not extend to your artwork. APBC, Inc. will do its best to safe-guard against theft, loss, breakage, or other damage, but will not be financially responsible for reimbursement of lost or damaged work.

_____ **All work** must be labeled on the back or bottom with the artist's name and the name of the work. **All 2D work** must be suitably wired on the back for hanging. **No saw-tooth hooks.**

_____ **By initializing I give my permission** for APBC to use images of my work for promotional purposes including their website, email and Facebook page.

Signature of Artist _____ Date _____

Name:

Title of Work:

Mediia:

Size:

Price:

Name:

Title of Work:

Mediia:

Size:

Price:

Name:

Title of Work:

Mediia:

Size:

Price: