Blinking Light Gallery

Central Vermont Artists' Marketing Cooperative

INVENTORY SHEET

Date:_____

Name:_____ Phone:_____

Company Name:_____ Email:_____

Address:_____

Membership dues **$ 50.00** ❑ already paid ❑ paid today with check ❑ cash

Vendor Code	*Quantity*	*Item Code*	*Item Description*	*Retail Price*

Note: Artists, do not add sales tax. **Vendor code** is the first five letters of your last name and then the first letter of your first name. **Item code** is your initials followed by a number you would like to assign to that item. Each item you sell must have the vendor code and item code written on it, as well as the price.

I have agreed to the following consignment rate: _____

Artist signature_____

Gallery signature_____