

Today's Date \_\_\_\_\_

Record # \_\_\_\_\_

Exhibition Title \_\_\_\_\_

**Bromfield Gallery**

450 Harrison Avenue, Boston, MA 02118 • (617) 451-3605 • www.bromfieldgallery.com

**LOAN FORM**

**Artist Info**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Artwork #1**

Title \_\_\_\_\_

Media \_\_\_\_\_

Size \_\_\_\_\_

Price \_\_\_\_\_

**Artwork #3**

Title \_\_\_\_\_

Media \_\_\_\_\_

Size \_\_\_\_\_

Price \_\_\_\_\_

**Artwork #2**

Title \_\_\_\_\_

Media \_\_\_\_\_

Size \_\_\_\_\_

Price \_\_\_\_\_

**Artwork #4**

Title \_\_\_\_\_

Media \_\_\_\_\_

Size \_\_\_\_\_

Price \_\_\_\_\_

Signed: \_\_\_\_\_ Today's Date \_\_\_\_\_

By signing the above, I understand that the gallery carries no insurance on the above artwork, and that I am loaning to the gallery at my own risk. I also understand that if I do not pick up the artwork within 90 days of the close of the exhibition, the artwork becomes the property of the gallery to sell or dispose without further compensation to the artist.

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Artwork (#) \_\_\_\_\_ picked up on (date) \_\_\_\_\_ by (signed) \_\_\_\_\_

Amount payable to artist within 30 days of close of exhibition (artwork #s and amounts):

\_\_\_\_\_

Gallery Representative \_\_\_\_\_ Date \_\_\_\_\_