



Ashton Gallery @ Art on 30th  
4434 30th Street  
San Diego, CA 92116  
(619) 894-9009  
arton30th@gmail.com  
ashtonartgallery.com

Date: \_\_\_\_\_

## RENTER/BUYER

first: \_\_\_\_\_ last: \_\_\_\_\_

street/apt: \_\_\_\_\_

city, state, zip: \_\_\_\_\_

phone: \_\_\_\_\_ other phone: \_\_\_\_\_

email: \_\_\_\_\_

## ART/ARTIST

artist name: \_\_\_\_\_

artwork title: \_\_\_\_\_

artwork price: \_\_\_\_\_ artwork medium: \_\_\_\_\_

size (unframed): \_\_\_\_\_ size (framed): \_\_\_\_\_

condition of artwork: \_\_\_\_\_ image attached: yes \_\_\_\_ no \_\_\_\_

## PAYMENT SCHEDULE

artwork price: \$ \_\_\_\_\_

monthly payment: 10% + sales tax + \$10 admin fee: \$ \_\_\_\_\_

(credit card will be billed first week of month)

I agree to the terms & conditions as explained & presented to me by Art on 30th:

sign & date: \_\_\_\_\_

Art on 30th Representative: \_\_\_\_\_

sign & date: \_\_\_\_\_

# IN-HOUSE PAYMENT RECORD

Buyer Name: \_\_\_\_\_ Artwork Price: \$ \_\_\_\_\_

Artwork Title: \_\_\_\_\_

amount paid	date	staff initials	new balance due

Credit Card: \_\_\_\_\_

Expiration: \_\_\_\_\_ CV Code: \_\_\_\_\_ Billed to Zip Code: \_\_\_\_\_