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**ARTIST'S INVENTORY LIST
LYNNARTS, INC.**

Artist Name_____

Phone number where you can be reached during the day_____

Address_____

City_____ State_____ Zip_____

E-mail_____

Would you like to be added to our e-mail list? ____yes ____no

#1. TITLE_____DATE_____
MEDIUM_____PRICE_____

#2. TITLE_____DATE_____
MEDIUM_____PRICE_____

#3. TITLE_____DATE_____
MEDIUM_____PRICE_____

Any special installation instructions:

*****PLEASE MAKE SURE ALL YOUR WORK HAS YOUR NAME AND THE TITLE OF THE PIECE ON THE BACK OF THE WORK*****