



# Professional Fine Art Services Inc.

Gallery and Museum Custom Framing & Art Handling

## Acknowledgement and Acceptance of Financial Responsibility

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Artist Name \_\_\_\_\_  
Responsible Billing Party \_\_\_\_\_ Number of pieces \_\_\_\_\_  
Inventory #'s \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ representing the entity listed above approve  
Full Name  
project listed above and accept that the entity that I own/ employed at will be responsible for all  
framing/mounting costs.

Deposit \_\_\_\_\_ % required  
PFAS  
Inc.staff \_\_\_\_\_ Signature \_\_\_\_\_  
Consignee Name \_\_\_\_\_ Signature \_\_\_\_\_  
Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_