

SERVICE REQUEST FORM

Please fill out and mail to us with photos, documentation and payment to:
Bernard Ewell Art Appraisals, 806 Old Santa Fe Trail, Santa Fe, NM 87505.

CONTACT INFORMATION

Name _____
Address _____
City _____ State _____ Zip _____ Country _____
Telephone _____ Cell _____ Fax _____
Email _____

INTENDED USE OF REPORT

(please check)

- Sale of artwork
- Insurance
- Donation
- Estate Settlement
- Dissolution of Marriage
- Valuation of Assets
- Make Collection Management decisions
- Other (please describe):

DALÍ PRINT(S) & OTHER MULTIPLES SERVICE REQUEST

Please fill out a separate form for each print or suite.

Title of Print _____
Purported Medium (etching, lithograph, bronze, etc.) _____
Publisher _____ Date Published _____
Edition Number (likely to be in pencil lower left) _____
Size of Image _____
Signature (What is it, location, signed in pencil, pen, paint?) _____
Purchased From (name of gallery, dealer, auction) _____
Date of Purchase _____

FOR ARTISTS OTHER THAN DALÍ
Please fill out a separate form for each artwork

Name of Artist _____

Title of Work _____

Medium (oil paint on canvas, watercolor on paper, pastel on paper, etching, lithograph, bronze, marble, wood, etc.) _____

Dimensions (If the artwork is a print, include both image size and paper size.) _____

Do any numbers appear on the work? (what, where?) _____

Is there a signature? (How is the name signed, location, signed in pencil, pen, paint?)

Is the work dated? (where, printed or handwritten?) _____

Titled? (written or printed?)

Dedication or other notation? (What is it, where is it?)

How was the artwork acquired? (If purchased, please give the name of the gallery or auction and year purchased. If a gift or inherited, please provide the name(s) of the previous owner(s) and year acquired, if known.) _____

Include any notes on condition and list of damage.

Include any other information you may have.

Credit card information follows on next page...

CREDIT CARD INFORMATION

Name as it appears on your card _____

Billing address _____

City _____ State _____ Zip _____

Type of card (Visa or MC only) _____

Card number _____

Expiration Date _____

Security numbers on back of card _____

Your credit card information is secured.