
Personal Prints

ART DEALER APPLICATION

Please fax to (970) 674-0692 or call (970) 686-8787

Contact Name: _____

Gallery Name: _____

Address _____

State _____ Zip _____

Phone# _____

Fax# _____

Email _____

Business Tax License _____

Your desired user name for Internet login: _____

(Your password will be sent to you upon approval of this application)

By signing here you verify that the above information is correct, that your business is operated with a storefront location and that you will notify Solstice Arts of any change in your account or if your business no longer has a storefront.

Signature _____ Date _____

** please attach a photo of your storefront or send jpg to cs@solsticearts.com*

STORE FRONT PHOTO