

Florida Art Appraisals

Certificate of Authenticity Date: _____ C.O. Number: _____ Minimum Fee \$500 PLUS
Research time at \$100.00 per hour and Expenses

PLEASE PRINT CLEARLY

Full Legal Name of Owner(s) / Estate: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ @ _____

Telephone: (_____) _____

Names and positions of all **Intended Users** of this report (attorney, CPA, insurance agent/ underwriter, etc.):

If this piece was appraised previously, please attach a copy of the previous appraisal when submitting this form.

ABOUT THE ITEM TO BE AUTHENTICATED

Artist: _____ Signed _____ Unsigned _____ Signed on Back _____

Title (if known) _____ Medium _____ Dated: _____

Year Acquired: _____ Method Acquired by: Purchase _____ / Price \$ _____ Inheritance _____ Gift _____ Other - *describe below*

_____ Frame: _____

Dimension (W/out Frame) _____" High by _____" Wide / Total Dimension (Including Frame) _____" High by _____" Wide

Visible Markings or Writing On the Back _____

Previous Restoration: _____ Yes _____ No _____ Don't Know / _____ Year / Restored by: _____

History of the Piece (if known) _____

I will remit my payment via **PayPal** _____ **Venmo** _____

Charge my card CC: _____ exp: ____/____ Sec. Code: _____, Billing zip code _____

EMAIL FORM: Scan completed form and required images to: FloridaArtAppraisals@gmail.com

Once the report is completed and payment has been received, your report will be emailed to you as a PDF. Please allow 30 Days for completion