



MARKETABLE CASH VALUE APPRAISAL (Resale Net Value)

Date: _____

PLEASE PRINT CLEARLY

Full Legal Name of Owner(s): _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ @ _____ Telephone: (____) _____

Please attach any invoices, previous appraisals or other pertinent information when submitting this form.

ABOUT THE ITEM TO BE APPRAISED

Artist: _____ Signed _____ Unsigned _____ Signed on Back _____

Title/Description _____ Medium _____ Dated: _____

Year Acquired: _____ Method Acquired by: Purchase ___ Inheritance ___ Gift ___ Other _____

Frame Details: _____

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

Visible Markings or Writing On the Back _____

Frame Details: _____

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

History of the Piece (if known, be specific) _____

Please charge my credit card: CC: _____ Exp: ___/___ Sec. Code: ___ Billing Zip _____

You may also use PayPal and Venmo

EMAIL FORM: Scan completed form and send required images as JPEG attachments to: Kathleen@ FloridaArtAppraisals.com

Upon completion of your report, you will receive an invoice via email. Once payment is received, your completed appraisal will be emailed to you as a PDF Document. Please allow 6-8 weeks for completion. Rush orders will be assessed an additional charge of \$100