

Collection, Shipping & Storage Form

Please complete and return these instructions to artwide@fd-platinum.com and auctions@artwide.com or privatesales@artwide.com.

Client Name:		Account Number:		
Email:		Phone: Lot Number(s):		
Sale Number:				
SHIPPING & DELIVER	Y			
packing and shipm	ent of my purchase.	and storage partner, FD Platinum, to arrange ared, and shipped at the request and expense of the client.		
Client Name:		Client Phone:		
Address Line 1:				
Address Line 2:				
City:	Postcode:	Country:		
Additional Services				
□ Unpacking □	Installation Crate & D	ebris Removal		
Please list any preferred	shipping preferences and special	delivery instructions:		
Insurance Coverage				
		pping quote. You can decline coverage by end that you insure your property with the shipper		
loss or damage to		g the NO box, I accept full responsibility for any de and Artwide's designated shipper from any ing or transport.		



COLLECTION

☐ I will coordinate the collection	n of my purchase t	from Artwide.	
☐ I will pickup my property	☐ It will be pi	icked up by somec	ne other than the client
Address Line 1:			
Address Line 2:			
City:	Postcode:		Country:
Authorised Representative/Shipper	Name:		
Email:		Phone:	
Collection Date			
Preferred Collection Date & Time			
Please note that the package of all works mu should bring appropriate packing material wh		cted prior to release for co	ollection. Please be advised, shipping agents
ART STORAGE			
☐ I would like to keep my purch	ase in storage.		
FD Platinum can provide short and long	term art storage to Artw	vide's clients.	
Client Name:			
Signature:			
Date:			