



INVOICE # A4715

HOME PHONE	BUSINESS PHONE	CELL PHONE (818) 521-7912	PHONE OUTSIDE THE US	FAX	CONSULTANT Lexy	DATE November 25 2016
LAST NAME Crawford		FIRST NAME Lori		COMPANY NAME		
ADDRESS 91 Las Casas Dr		CITY San Rafael		STATE CA	COUNTRY USA	POSTAL CODE 94901
EMAIL ADDRESS lkulvincrawford@gmail.com			WEBSITE		DRIVER'S LICENSE #	
METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>						ORIGIN
CREDIT CARD # XXXX-XXXX-XXXX-			EXP. 01/16	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	ART ID	PRICE	EXT
1	JAZZ II	GORBAN, MICHAEL	Hand signed and numbered....	G10451	\$650.00	\$650.00
1	JAZZ II	GORBAN, MICHAEL	Add custom black frame	0000	FRAMING \$100.00	\$100.00
SPECIAL INSTRUCTIONS TERMS OF PAYMENT: BANK WIRE Total balance includes artwork professionally packaged, insurance and door to door delivery.					AMOUNT OF SALE	\$750.00
					TAX	\$0.00
					TOTAL SALE	\$750.00
					SHIPPING	\$50.00
					AMOUNT PAID	\$0.00
RECEIVED BY:					DATE: NOVEMBER 25, 2016	BALANCE DUE \$800.00

ALL CLAIMS AND RETURNED GOODS **MUST BE** ACCOMPANIED BY THIS INVOICE

THANK YOU