



CUSTOM FRAMING

INVOICE # 231

GALLERY ART
20633 BISCAYNE BLVD., AVENTURA, FL 33180
IN THE PROMENADE SHOPS
(305) 932-6166 • FAX (305) 937-2125
GallArt.com email: Ken@GallArt.com

HOME PHONE 954-111-1111		WORK PHONE asdfasdf		FAX adsfasdf		CONSULTANT asdfasdf		DATE July 27 2009		
LAST NAME aaaaaaaaaaaaaaaa				FIRST NAME aaaaaaaaaaaaaaaa						
ADDRESS 123 Test Street Suite 100										
CITY Fort Lauderdale		STATE FL	COUNTRY United States		POSTAL CODE 33333-1234		EMAIL ADDRESS steve@rekal.net		COMPANY NAME adfadfasdfasd	
METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>								ORIGIN WEBSITE		
CREDIT CARD # fadfasdfasdf				EXP. 01/09	AUTH. CODE asdfasdf		DRIVER'S LICENSE # asdfasdf			
QUANTITY	TITLE	ARTIST		DESCRIPTION		PRODUCT ID		PRICE	EXT	
1	SADFASDF					0000 FRAMING		\$100.00	\$100.00	
1	SADFASDF					0000 FRAMING		\$100.00	\$100.00	
SPECIAL INSTRUCTIONS dgsdfgsdfg								AMOUNT OF SALE	\$200.00	
								TAX	\$0.00	
								TOTAL SALE	\$200.00	
								SHIPPING	\$0.00	
								AMOUNT PAID	\$0.00	
RECEIVED BY:								DATE: JULY 27, 2009	BALANCE DUE	\$200.00

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

THANK YOU