305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

## **INVOICE # 453**

HOME PHONE 949-362-6663									January	DATE January 13 2010				
LAST NAME Lovendale				FIRST NAME Mark										
ADDRESS 34146 Se	ADDRESS 34146 Selva Road Suite 200													
Monarch Beach STATI		STATE CA	COUNTRY	роsта <b>926</b> 2	L CODE 29		EMAIL ADDRESS Lovendale@PreventiveCare.com					COMPANY NAME		
METHOD OF PAYMENT  VISA/MC □ AMEX □ CHECK ☑ CASH □ OTHER □										ORIGIN OTHER				
CREDIT CARD #							EXP. 01/10	AUTH. CODE	DRIVER'S LI	CENSE#				
QUANTITY TITLE ARTIST			DESCRIPTIO			ION	PRODUCT ID		PRICE		EXT			
1	THE WAVE		ERTE	ERTE Certifi Authe		icate of ntici		G11326			\$3,1	\$3,100.00		
SPECIAL INSTRUCTIONS Shipping included.										AMOUNT OF SALE		\$3,100.00		
TO BE SHIPPED										TAX		\$0.00		
										TOTAL SALE		\$3,100.00		
										SHIPPING		\$0.00		
											AMOUNT F	PAID	\$0.00	
RECEIVED BY: DATE: JANUARY 13, 2010									3, 2010	BALANCE DUE		\$3,100.00		

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

THANK YOU