



CUSTOM FRAMING

INVOICE # 224

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 954-424-2297		WORK PHONE		FAX	CONSULTANT	DATE July 27 2009	
LAST NAME Rucker			FIRST NAME Steve				
ADDRESS 8008 Lakepointe Drive							
CITY Plantation	STATE FL	COUNTRY United States	POSTAL CODE 33322	EMAIL ADDRESS ruckerstev@hotmail.com			COMPANY NAME
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 WEBSITE
CREDIT CARD #				EXP. 01/09	AUTH. CODE	DRIVER'S LICENSE #	
QUANTITY	TITLE	ARTIST	DESCRIPTION		PRODUCT ID	PRICE	EXT
1	TEST	TEST	test		0000	\$1,000.00	\$1,000.00
1	TEST FRAMING	MAX	test		0000	\$100.00	\$100.00
SPECIAL INSTRUCTIONS						AMOUNT OF SALE	\$1,100.00
						TAX	\$0.00
						TOTAL SALE	\$1,100.00
						SHIPPING	\$0.00
						AMOUNT PAID	\$0.00
RECEIVED BY:						DATE: JULY 27, 2009	BALANCE DUE \$1,100.00

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

THANK YOU