



# INVOICE # A4614

HOME PHONE	BUSINESS PHONE	CELL PHONE	PHONE OUTSIDE THE US 33647194837	FAX	CONSULTANT Lexy	DATE September 03 2016
LAST NAME Pierre		FIRST NAME Faraj		COMPANY NAME		
ADDRESS 29 Route de Cannes		CITY Grasse	STATE	COUNTRY FRANCE	POSTAL CODE 06130	
EMAIL ADDRESS pierrefaraj@medifar.org		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 checked="" 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	DALI'S INFERNO - THE MAGICIAN	DALI, SALVADOR	Hand signed and numbered....	G20348	\$2,750.00	\$2,750.00
SPECIAL INSTRUCTIONS TERMS OF PAYMENT: BANK WIRE INCLUDES ARTWORK AS WELL AS THE COVER JACKET, PROFESSIONALLY PACKAGED, INSURED & SHIPPED.					AMOUNT OF SALE	\$2,750.00
					TAX	\$0.00
					TOTAL SALE	\$2,750.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:					DATE: SEPTEMBER 03, 2016	BALANCE DUE \$2,750.00

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

THANK YOU