



# INVOICE # A5019

HOME PHONE (305) 445-6090	BUSINESS PHONE	CELL PHONE (786) 899-1967	PHONE OUTSIDE THE US	FAX	CONSULTANT Ken	DATE June 26 2017
LAST NAME ROBERTS		FIRST NAME LES		COMPANY NAME VIA Gallery		
ADDRESS 5959 Collins Ave		CITY Miami Beach		STATE FL	COUNTRY USA	POSTAL CODE 33140
EMAIL ADDRESS castledesigns1@mac.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. 01/17	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	ART ID	PRICE	EXT
1	HELIO THERAPY LOVE	INDIANA, ROBERT	HAND SIGNED, NUMBERED, AN...	G16413	\$13,500.00	\$13,500.00
SPECIAL INSTRUCTIONS					AMOUNT OF SALE	\$13,500.00
					TAX	\$0.00
					TOTAL SALE	\$13,500.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:					DATE: JUNE 26, 2017	BALANCE DUE \$13,500.00

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

THANK YOU