



CUSTOM FRAMING

INVOICE # 221

**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 305-450-1900		WORK PHONE 305-406-3596		FAX	CONSULTANT Amy	DATE July 25 2009	
LAST NAME Rego, MD			FIRST NAME Alfredo				
ADDRESS 3650 NW 82nd Ave Suite 208							
CITY Doral	STATE FL	COUNTRY USA	POSTAL CODE 33166	EMAIL ADDRESS		COMPANY NAME South Florida Heart and Lung Institute	
METHOD OF PAYMENT VISA/MC <input checked="" type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>							ORIGIN OTHER
CREDIT CARD #				EXP. 01/09	AUTH. CODE	DRIVER'S LICENSE #	
QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID		PRICE	EXT
1	6 LITHOGRAPHS	PICASSO	Lithos	0000		\$5,400.00	\$5,400.00
SPECIAL INSTRUCTIONS						AMOUNT OF SALE	\$5,400.00
						TAX	\$378.00
						TOTAL SALE	\$5,778.00
						SHIPPING	\$0.00
						AMOUNT PAID	\$0.00
RECEIVED BY:						DATE: JULY 25, 2009	BALANCE DUE \$5,778.00

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

THANK YOU