



CUSTOM FRAMING

INVOICE # 317

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 416 7897156		WORK PHONE		FAX	CONSULTANT	DATE September 24 2009	
LAST NAME cohen			FIRST NAME ester				
ADDRESS 1180 caledonia rd							
CITY toronto	STATE on	COUNTRY canada	POSTAL CODE m6a2w5		EMAIL ADDRESS esther@pifineart.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
CREDIT CARD #				EXP. 01/09	AUTH. CODE	DRIVER'S LICENSE #	
QUANTITY	TITLE	ARTIST	DESCRIPTION		PRODUCT ID	PRICE	EXT
1	Joseph	LONGO, ROBERT	...		G10120	\$9,250.00	\$9,250.00
SPECIAL INSTRUCTIONS						AMOUNT OF SALE	\$9,250.00
						TAX	\$0.00
						TOTAL SALE	\$9,250.00
						SHIPPING	\$0.00
						AMOUNT PAID	\$0.00
RECEIVED BY:						DATE: SEPTEMBER 24, 2009	BALANCE DUE \$9,250.00

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

THANK YOU