



CUSTOM FRAMING

INVOICE # 200

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 954-222-2222		WORK PHONE 954-333-3333		FAX 954-555-5555		CONSULTANT		DATE July 16 2009		
LAST NAME Doe			FIRST NAME John							
ADDRESS 123 Test Street Suite 100										
CITY Fort Lauderdale		STATE FL	COUNTRY United States		POSTAL CODE 33333-1234		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 WALK-IN		
CREDIT CARD #				EXP. 01/09	AUTH. CODE		DRIVER'S LICENSE #			
QUANTITY	TITLE	ARTIST	DESCRIPTION		PRODUCT ID		PRICE		EXT	
1	TEST	TEST	test		0000		\$100.00		\$100.00	
SPECIAL INSTRUCTIONS							AMOUNT OF SALE		\$100.00	
							TAX		\$0.00	
							TOTAL SALE		\$100.00	
							SHIPPING		\$0.00	
							AMOUNT PAID		\$0.00	
RECEIVED BY:							DATE: JULY 16, 2009		BALANCE DUE	\$100.00

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

THANK YOU