



CUSTOM FRAMING

INVOICE # 232

**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 27 2009		
LAST NAME Test			FIRST NAME John							
ADDRESS 123 Test Street Suite 100										
CITY Fort Lauderdale		STATE FL	COUNTRY United States		POSTAL CODE 33333-1234		EMAIL ADDRESS steve@rekal.net		COMPANY NAME Acme Beta Testing	
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		
CREDIT CARD # 4111111111111111					EXP. 10/19	AUTH. CODE		DRIVER'S LICENSE #		
QUANTITY	TITLE	ARTIST		DESCRIPTION		PRODUCT ID		PRICE	EXT	
1	SDFASDF					0000		FRAMING	\$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 27, 2009	BALANCE DUE	\$100.00

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

THANK YOU