



INVOICE # A5321

HOME PHONE	BUSINESS PHONE	CELL PHONE	PHONE OUTSIDE THE US	FAX	CONSULTANT Ken	DATE December 16 2017
LAST NAME Morelli		FIRST NAME Arlene		COMPANY NAME		
ADDRESS 350 E 79th ST, APT 45A			CITY NY	STATE NY	COUNTRY USA	POSTAL CODE 10075
EMAIL ADDRESS Arlene.morelli@gmail.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	JUXTAPOSE	MR. BRAINWASH	Original on Paper	0000	\$14,000.00	\$14,000.00
SPECIAL INSTRUCTIONS Terms of Payment: Bank Wire					AMOUNT OF SALE	\$14,000.00
					TAX	\$0.00
					TOTAL SALE	\$14,000.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:				DATE: DECEMBER 16, 2017	BALANCE DUE	\$14,000.00

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

THANK YOU