



# INVOICE # A5513

HOME PHONE (239) 370-7000	BUSINESS PHONE	CELL PHONE	PHONE OUTSIDE THE US	FAX	CONSULTANT	DATE April 08 2018
LAST NAME Halaschak		FIRST NAME Dr. Christopher			COMPANY NAME	
ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE		
EMAIL ADDRESS sungraphics@aol.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. 01/18	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	ART ID	PRICE	EXT
1	INFERNO CANTO 1	DALI, SALVADOR	Afterlife, Vergil guiding...	G26543	\$200.00	\$200.00
SPECIAL INSTRUCTIONS					AMOUNT OF SALE	\$200.00
					TAX	\$0.00
					TOTAL SALE	\$200.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:				DATE: APRIL 08, 2018	BALANCE DUE	\$200.00

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

THANK YOU