CUSTOM FRAMING INVOICE # 171



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 8186351151			к PHONE 3562943	33		FAX CONSULTA		I		May 04 2009		
LAST NAME Nemirow				FIRST NAME Grant								
ADDRESS 11755 Laurelcrest Dr												
Sudio City STATE Ca		STATE Ca	USA		POSTAL CODE 91505			grant@thaweb.com		com		
METHOD OF PAYMENT VISA/MC AMEX □ CHECK □ CASH □ OTHER □											origin WEBSITE	
CREDIT CARD # 5466160070455132						EXP. 07/10	AUTH. COD	DE [DRIVER'S LICENSE #	#		
QUANTITY	TITLE	A	ARTIST		DESCRIPTION		PRODU	PRODUCT ID			PRICE	EXT
1	COMMITTEE 2000	,		NDY Signed by the a Pri		rtist.	G15738				\$6,100.00	\$6,100.00
SPECIAL INSTRUCTIONS A									AN	OUNT OF SALE	\$6,100.00	
											TAX	\$0.00
											TOTAL SALE	\$6,100.00
											SHIPPING	\$0.00
										,	AMOUNT PAID	\$6,100.00
RECEIVED BY: DATE: MAY 04, 2009										BALANCE DUE	\$0.00	

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU