



INVOICE # 3560

HOME PHONE	BUSINESS PHONE	CELL PHONE	PHONE OUTSIDE THE US	FAX	CONSULTANT KEN	DATE January 28 2015
LAST NAME		FIRST NAME LISA		COMPANY NAME LISA GALLERY		
ADDRESS	CITY	STATE CA	COUNTRY USA	POSTAL CODE 91406		
EMAIL ADDRESS LISA@DALENOART.COM			WEBSITE		DRIVER'S LICENSE #	
METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>						ORIGIN
CREDIT CARD # XXXX-XXXX-XXXX-			EXP. 01/15	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID	PRICE	EXT
1	JEREMY ALTERS		FRAME REPLACEMENT	0000	\$425.00	\$425.00
SPECIAL INSTRUCTIONS					AMOUNT OF SALE	\$425.00
					TAX	\$0.00
					TOTAL SALE	\$425.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$425.00
RECEIVED BY:				DATE: JANUARY 28, 2015	BALANCE DUE	\$0.00

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

THANK YOU