305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

## **INVOICE # A6716**

HOME PHONE (561) 329-8793		BUSINESS F	PHONE CELL PHONE		DNE	E PHONE OU'		FAX	FAX		consultant Waseem		July 27 2020		
LAST NAME Kochman					FIRST NAME Ronald				COM	IPANY NAME	ME				
ADDRESS 837 Fathom Road W					North Palm Beach				STATE FL		COUNTRY		POSTAL CODE 33408		
email address rkochman@floridawills.com website											DRIVER'S LICENSE #				
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER											ORIGIN				
CREDIT CARD # EXP. 01/20								AUTH. CO	UTH. CODE ESTIM			ATE			
QUANTITY	TITLE ARTIST			ΓIST	D	ION	ART ID				PF	RICE	EXT		
1	STARI REFLEC		NEIMAN	, LERO		signed & red by		G28	8587	7		\$	2,000.00	\$2,000.00	
SPECIAL INSTRUCTIONS Thank you for your purchase.											AMOUNT OF SAL		\$2,000.00		
TO BE SHIPPED											Т	AX	\$0.00		
												TOTA	L SALE	\$2,000.00	
												SHIF	PPING	\$0.00	
												AMOU	NT PAID	\$2,000.00	
RECEIVED BY:								DATE: JULY 27, 2020 B					CE DUE	\$0.00	

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU