CUSTOM FRAMING INVOICE # 216



## **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

DME PHONE WORK PHONE 954-333-3333				FAX 954-5	954-555-5555		CONSULTANT		July 22 2009	
LAST NAME <b>GUY</b>			FIRST NAME New							
Street Suite 100	)									
erdale	STATE FL	COUNTRY United Sta	ates				steve@rekal.net		COMPANY NAME Acme Beta Testing	
METHOD OF PAYMENT  VISA/MC    AMEX    CHECK    CASH    OTHER    OTHER									ORIGIN PHONE	
CREDIT CARD # 411111111111111111111111111111111111					EXP. 10/19	AUTH. CODE	DRIVER'S LICENSE#			
TITLE		ARTIST		DESCRIPTION		PRODUCT ID			PRICE	EXT
SADF		ASDF	adf			0000			\$500.00	\$500.00
JCTIONS			<u>-</u>				<u> </u>	,	AMOUNT OF SALE	\$500.00
									TAX	\$0.00
									TOTAL SALE	\$500.00
									SHIPPING	\$0.00
									AMOUNT PAID	\$0.00
RECEIVED BY: DATE: JULY 22, 2009							JULY 22, 2009	BALANCE DUE \$		\$500.00
	Street Suite 100 erdale  YMENT AMEX  11111111  TITLE  SADF  JUCTIONS	Street Suite 100 erdale  YMENT AMEX CHECK  1111111  TITLE  SADF  JCTIONS	Street Suite 100 erdale   STATE   COUNTRY   United State   CASH    AMEX   CHECK   CASH    11111111  TITLE   ARTIST    SADF   ASDF    JUCTIONS	Street Suite 100 erdale   STATE   COUNTRY   United States	Street Suite 100 erdale   STATE   COUNTRY   DOSTAL CODE   33333-12	Street Suite 100 erdale  STATE   COUNTRY   POSTAL CODE   33333-1234  YMENT   AMEX   CHECK   CASH   OTHER   EXP.   10/19  TITLE   ARTIST   DESCRIPTION  SADF   ASDF   adf	Street Suite 100 erdale   STATE   COUNTRY   POSTAL CODE   STEVE   Steve@re	Street Suite 100  erdale   STATE   COUNTRY   POSTAL CODE   STEVEN   Steve@rekal.net      MENT   CHECK   CASH   OTHER     TITLE   ARTIST   DESCRIPTION   PRODUCT ID      SADF   ASDF   adf   O000      SADF   ASDF   adf   O000	Street Suite 100  erdale   STATE   COUNTRY   FL   United States   33333-1234   Steve@rekal.net   Activities   Activities	Street Suite 100  erdale   STATE   COUNTRY   United States   33333-1234   Steve@rekal.net   COMPANY NAME   Acme Beta Testing   PHONE    111111111

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

THANK YOU