



CUSTOM FRAMING

INVOICE # 180

**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 954-222-2222		WORK PHONE 954-333-3333		FAX 954-555-5555		CONSULTANT		DATE June 18 2009	
LAST NAME Doe			FIRST NAME John						
ADDRESS 123 Test Street Suite 100									
CITY Fort Lauderdale		STATE FL	COUNTRY United States	POSTAL CODE 33333-1234	EMAIL ADDRESS PRINT INVOICE AND EMAIL TO CUSTOMER			COMPANY NAME Acme Beta Testing	
METHOD OF PAYMENT VISA/MC <input checked="" type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>								ORIGIN	
CREDIT CARD # 4111111111111111					EXP. 10/19	AUTH. CODE	DRIVER'S LICENSE #		
QUANTITY	TITLE	ARTIST		DESCRIPTION		PRODUCT ID		PRICE	EXT
1	TEST					0000		\$100.00	\$100.00
SPECIAL INSTRUCTIONS								AMOUNT OF SALE	\$100.00
								TAX	\$0.00
								TOTAL SALE	\$100.00
								SHIPPING	\$0.00
								AMOUNT PAID	\$0.00
RECEIVED BY:						DATE: JUNE 18, 2009		BALANCE DUE	\$100.00

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

THANK YOU