



CUSTOM FRAMING

INVOICE # 313

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 305.932.6653	WORK PHONE	FAX 305.932.6661	CONSULTANT Mood Conyers mood@gallart.com		DATE September 22 2009	
LAST NAME Steiner		FIRST NAME William				
ADDRESS 2600 Island Boulevard, # 2006						
CITY Williams Island	STATE FL	COUNTRY USA	POSTAL CODE 33160	EMAIL ADDRESS shestein@bellsouth.net	COMPANY NAME	
METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>					ORIGIN	
CREDIT CARD #			EXP. 01/09	AUTH. CODE	DRIVER'S LICENSE #	
QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID	PRICE	EXT
1	APPRAISAL	DIEBENKORN	for Insurance purposes	0000	\$95.00	\$95.00
1	APPRAISAL	DONATI	for Insurance purposes	0000	\$95.00	\$95.00
1	HIGH GREEN, V II	DIEBENKORN	MUSEUM GLASS	0000	\$512.00	\$512.00
1	HIGH GREEN, V II	DIEBENKORN	PICK UP/DELIVERY	0000	\$70.00	\$70.00
SPECIAL INSTRUCTIONS PICK UP ART WORK AND THEN DELIVER AFTER MUSEUM GLASS IS INSTALLED					AMOUNT OF SALE	\$772.00
					TAX	\$54.04
					TOTAL SALE	\$826.04
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:				DATE: SEPTEMBER 22, 2009	BALANCE DUE	\$826.04

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

THANK YOU