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INVOICE # A5672

(586) 770			CELL PHO	IONE		PHONE OU	OUTSIDE THE US		FAX		CONSULTANT Waseem			August 03 2018	
LAST NAME Owens						FIRST NAME Terry			COMPANY		Y NAME				
ADDRESS 1619 Maria Street						Englewood			STATE FL		COUNTRY			POSTAL CODE 34223	
email address owens_terry@sbcglobal.net													DRIV	ER'S LICENSI	E#
METHOD OF PAYMENT VISA/MC □ AMEX □ CHECK ☑ CASH □ OTHER □													IGIN HONE		
CREDIT CARD # XXXX-XXXX-XXXX-								EXP. 01/18	AUTH. C	AUTH. CODE		ESTIM	IATE		
QUANTITY TITLE ARTIST					DESCRIPT			ION	ART ID				PF	RICE	EXT
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SPECIAL INSTRUCTIONS Terry, thank you once again for your purchase.													AMOUN	OF SALI	\$10,000.00
TO BE SHIPPED													Т	AX	\$700.00
													TOTA	L SALE	\$10,700.00
													SHII	PPING	\$0.00
													AMOU	NT PAID	\$0.00
RECEIVED	BY:					RECEIVED BY:									

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU