305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE # 3201

HOME PHONE	ME PHONE BUSINESS PHONE CELL P		CELL PH	ONE	PHON	E OUTSI	DE THE US	FAX			CONSUL		August 18 2014			
Neuhann				ompany name aM Augenklinik am Marienplatz												
ADDRESS Marienpla	CITY Munich			STATE	COUNTRY Germany				POSTAL CODE 80331							
EMAIL ADDRESS tneuhann@web.de WEBSITE												DRIVER	DRIVER'S LICENSE#			
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER													ORIG	ORIGIN		
CREDIT CARD #								XP.)1/14	AUTH. C	CODE ESTIMATE			MATE			
QUANTITY	UANTITY TITLE ARTIST				DESCRIPTI			N	PRODUCT ID			PF	ICE	EXT		
1	FLOWER MAX, PETE BLOSSOM III			PETER	Hand signed ar numbered			d	G10829			\$	1,850.00	\$1,850.00		
TERMS OF PA	FERMS OF PAYMENT: PAYPAL INCLUDES ARTWORK, PROFESSIONALLY PACKAGED FLAT, INSURED AND SHIPPED TO GERMANY.													OF SALE	\$1,850.00	
INVOICE IS V	INVOICE IS VALID FOR 5 BUSINESS DAYS OR UNTIL PAYMENT HAS BEEN RECEIVED IN FULL.												T	AX	\$0.00	
													TOTA	L SALE	\$1,850.00	
													SHIF	PING	\$150.00	
													AMOU	NT PAID	\$0.00	
RECEIVED	RECEIVED BY: DATE: AUGUST 18, 2014												BALAN	CE DUE	\$2,000.00	

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

THANK YOU