



INVOICE # 3585

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|--|----------------|--------------------------------------|--|-------------------------|--------------------------------------|-----------------------------|
| HOME PHONE | BUSINESS PHONE | CELL PHONE | PHONE OUTSIDE THE US +49 -0163-3037773 | FAX | CONSULTANT Ken Jeremiah | DATE February 12 2015 |
| LAST NAME Eikermann | | FIRST NAME Burkhard | | COMPANY NAME | | |
| ADDRESS Dominikanerstraße 11 | | CITY Düsseldorf | STATE | COUNTRY Germany | POSTAL CODE 40545 | |
| EMAIL ADDRESS art@burkhardeikermann.com | | WEBSITE www.burkhardeikermann.com | | | DRIVER'S LICENSE # | |
| METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> | | | | | | ORIGIN HOUSE |
| CREDIT CARD # xxxx-xxxx-xxxx-Wire | | | EXP. 01/15 | AUTH. CODE | ESTIMATE <input type="checkbox"/> | |
| QUANTITY | TITLE | ARTIST | DESCRIPTION | PRODUCT ID | PRICE | EXT |
| 1 | FAMILY TRIP | SCHARF, KENNY | Hand signed and dedicated... | G24387 | \$6,500.00 | \$6,500.00 |
| SPECIAL INSTRUCTIONS Wire Will be received within 2 weeks TO BE SHIPPED | | | | | AMOUNT OF SALE | \$6,500.00 |
| | | | | | TAX | \$0.00 |
| | | | | | TOTAL SALE | \$6,500.00 |
| | | | | | SHIPPING | \$0.00 |
| | | | | | AMOUNT PAID | \$0.00 |
| RECEIVED BY: | | | | DATE: FEBRUARY 12, 2015 | BALANCE DUE | \$6,500.00 |

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

THANK YOU