305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE # A17039

номе рноме (516) 52	28-6302	BUSINESS PH		CELL PHON (631) 692-70		PHONE O	UTSIDE THE US	FAX		Lexy	TANT		ecember 12 22	
LAST NAME Osterlar	rst NAME Dave & Sh	it name tive & Shelly					ANY NAME							
ADDRESS 16407 C	Collins Ave	enue, 90	3S		Sunny ISles Beach STA							OSTAL CODE 3160		
EMAIL ADDRESS Dosterland@sunsetplazamgt.com WEBSITE											DRIVER'S LICENSE #			
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER											ORIGIN			
CREDIT CARD # XXXX-XXXX-XXXX- EXP. 01/22										MATE				
QUANTITY	TITI	-E	AR ⁻	ΓIST	D	ESCRIPT	ΓΙΟΝ	ART	ID		PRIC	E	EXT	
1	PLATE 3 ESPF		MIRO,	JOAN	Untitle from E	ed, pla s	te 3	G314	155		\$15,00	0.00	\$15,000.00	
1	PLATE 4 ESPF	-	MIRO,	JOAN	Untitle from E	ed, pla s	te 4	G314	156		\$15,00	0.00	\$15,000.00	
SPECIAL INSTRUCTIONS Special package price. TERMS OF PAYMENT: CHECK/BANK WIRE											AMOUN SALE		\$30,000.00	
											TAX	(\$2,100.00	
											TOTAL S	SALE	\$32,100.00	
											SHIPPI	ING	\$0.00	
											AMOUNT	PAID	\$0.00	
RECEIVED BY: DATE: DECEMBER 12, 2022											BALANCE	DUE	\$32,100.00	

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU