305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE # A4153

HOME PHONE				LL PHONE (00) 766-8478		UTSIDE THE US	FAX		CONSULTANT KEN			December 09 2015			
LAST NAME CUÑADO FIRST NAME DAN COMPANY NAME USTE, Inc.								a Profession	al Outd	oor L	ightir	ng			
ADDRESS St. Regis 9703 Collins Ave #2515								our	STATE FL	countr USA			POSTAL CODE 33154		
EMAIL ADDRESS danc@vistapro.com												DRIVER'S LICENSE #			
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER											ORIGIN				
CREDIT CARD # XXXX-XXXX-XXXX-							01/15	AUTH. CODE		EST	IMATE				
QUANTITY TITLE ARTIST					DI	ESCRIPT	TON	ART ID				PRICE		EXT	
1	PACKAGE -4 MARI II.22, II.23 II.2	ILYN 5, II.26,	SUND MORI		Custom black ga floating	allery fr	ame	0000				\$3,0	00.00	\$3,000.00	
SPECIAL INSTRUCTIONS TERMS OF PAYMENT: NON-REFUNDABLE CREDIT CARD DEPOSIT DUE, IN ORDER TO START ON THE ORDER. TO BE DELIVERED												OUNT OF	SALE	\$3,000.00	
BETWEEN THE 13TH & 15TH OF JANUARY - WILL CALL TO CONFIRM												TAX		\$210.00	
												TOTAL SA	ALE	\$3,210.00	
												SHIPPIN	G	\$0.00	
											A	AMOUNT F	PAID	\$0.00	
RECEIVED	RECEIVED BY: DATE: DECEMBER 09, 2015											BALANCE I	DUE	\$3,210.00	

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU