



INVOICE # A16640

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|---------------------------|----------------------|--------------------------------------|--------------------------|
| HOME PHONE | BUSINESS PHONE | CELL PHONE (310) 746-6093 | PHONE OUTSIDE THE US | FAX | CONSULTANT KEN | DATE March 25 2022 |
| LAST NAME Mathur | | FIRST NAME Jas | | COMPANY NAME | | |
| ADDRESS 15701 Collins Ave Unit 2405 | | | CITY Sunny Isles Beach | | STATE FL | POSTAL CODE 33160 |
| EMAIL ADDRESS Jas@limitlessx.com | | | WEBSITE | | 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 type="checkbox"/> | | | | | | ORIGIN |
| CREDIT CARD # XXXX-XXXX-XXXX- | | | EXP. 01/22 | AUTH. CODE | ESTIMATE <input type="checkbox"/> | |
| QUANTITY | TITLE | ARTIST | DESCRIPTION | ART ID | PRICE | EXT |
| 10 | ART MOVE & INSTALLATION | PER HOUR | TOTAL OF 10 HOURS | 0000 | \$300.00 | \$3,000.00 |
| SPECIAL INSTRUCTIONS TERMS OF PAYMENT: MC/VISA | | | | | AMOUNT OF SALE | \$3,000.00 |
| | | | | | TAX | \$0.00 |
| | | | | | TOTAL SALE | \$3,000.00 |
| | | | | | SHIPPING | \$0.00 |
| | | | | | AMOUNT PAID | \$0.00 |
| RECEIVED BY: | | | | DATE: MARCH 25, 2022 | BALANCE DUE | \$3,000.00 |

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

THANK YOU