305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE # 425

HOME PHONE 954-222-2222			CELL PHONE		FAX	CONSULTAN	NSULTANT		January 06 2010				
LAST NAME Doe			FIRST NAME John										
ADDRESS 123 Test Street Suite 100													
Fort Lauderdale STATE		COUNTRY United States			POSTAL CODE 33333-1234		EMAIL ADDRESS XXXXX@rekal.net			COMPANY NAME			
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER C										ORIGIN	ORIGIN		
CREDIT CARD #					EXP. AUTH. CODE DRIVER'S LICENSE #								
QUANTITY	TITY TITLE ARTIST			DESCRIPTION			PRODUCT ID			PRI	PRICE		
1	TEST						000	000			\$100.00		
SPECIAL INSTRUCTIONS								AMOUNT	AMOUNT OF SALE				
										TA	Х	\$0.00	
										TOTAL	SALE	\$100.00	
										SHIP	PING	\$0.00	
										AMOUN	T PAID	\$0.00	
RECEIVED BY: DATE: JANUARY 06, 2010									BALANC	BALANCE DUE			

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

THANK YOU