



INVOICE # A4168

HOME PHONE (800) 888-1063	BUSINESS PHONE (718) 937-0901	CELL PHONE	PHONE OUTSIDE THE US	FAX 718-937-1206	CONSULTANT	DATE December 17 2015
LAST NAME Rogal		FIRST NAME Robert		COMPANY NAME RoGallery		
ADDRESS 47-15 36th Street		CITY LONG ISLAND CITY		STATE NY	COUNTRY USA	POSTAL CODE 11101
EMAIL ADDRESS art@rogallery.com			WEBSITE www.rogallery.com		DRIVER'S LICENSE #	
METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>						ORIGIN
CREDIT CARD # XXXX-XXXX-XXXX-			EXP. 01/15	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	ART ID	PRICE	EXT
2	ASSORTMENT	WILL BARNET	PRINTS	0000	\$1,250.00	\$2,500.00
2	RESTORATION	WILL BARNET	PRINTS	0000	\$200.00	\$400.00
1	CREDIT			0000	(\$1,000.00)	(\$1,000.00)
SPECIAL INSTRUCTIONS TERMS OF PAYMENT: EITHER BANK WIRE OR CHECK					AMOUNT OF SALE	\$1,900.00
					TAX	\$0.00
					TOTAL SALE	\$1,900.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:				DATE: DECEMBER 17, 2015	BALANCE DUE	\$1,900.00

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

THANK YOU