CUSTOM FRAMING INVOICE # 272



GALLERY ART

20633 BISCAYNE BLVD., AVENTURA, FL 33180 IN THE PROMENADE SHOPS

(305) 932-6166 • FAX (305) 937-2125 GallArt.com email: Ken@GallArt.com

номе рног 491702	NE 2708448			WORK F	K PHONE			FAX		CHR			August 2	21 20	009			
LAST NAME Tobias							FIRST NAME Neuhann											
ADDRESS																		
CITY	STATE COUNTRY PO				POSTAL COL	STAL CODE			email address neuhann@mac.com						COMPANY NAME			
METHOD OF	TETHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER C															ORIGIN WEBSITE		
CREDIT CAI	RD#					EXP. 01/0	9	AUTH. CODE DRIVER'S LICENSE #										
QUANTI	Υ	TI	TLE		ARTIST	DES			SCRIPTION			PRODUCT ID				PRICE	EXT	
1	1	ИΙС	KEY	MAX, PETE		R	Hand signed in I		d in a	acryli	ylic. G16140			\$2,000.00		\$2,000.00		
SPECIAL IN	PECIAL INSTRUCTIONS LEASE GIVE ME ALL OTHER INFORMATION YOU CAN THANK YOU														AN	OUNT OF SALE	\$2,000.00	
																TAX	\$0.00	
																TOTAL SALE	\$2,000.00	
																SHIPPING	\$250.00	
															<u> </u>	AMOUNT PAID	\$0.00	
RECEIVE	RECEIVED BY: DATE: AUGUST 21, 2009													BALANCE DUE	\$2,250.00			

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

THANK YOU