



CUSTOM FRAMING

INVOICE # 164

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

HOME PHONE 954-222-2222	WORK PHONE 954-333-3333	FAX 954-555-5555	CONSULTANT	DATE April 26 2009		
LAST NAME Doe		FIRST NAME John				
ADDRESS 123 Test Street Suite 100						
CITY Fort Lauderdale	STATE FL	COUNTRY United States	POSTAL CODE 33333-1234	EMAIL ADDRESS steve@rekal.net		
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 #		EXP. 01/09	AUTH. CODE	DRIVER'S LICENSE #		
QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID	PRICE	EXT
1	TEST			0000	\$100.00	\$100.00
SPECIAL INSTRUCTIONS					AMOUNT OF SALE	\$100.00
					FRAMING	\$0.00
					TAX	\$0.00
					TOTAL SALE	\$100.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:					DATE: APRIL 26, 2009	BALANCE DUE \$100.00

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

THANK YOU