



### INVOICE # A3975

HOME PHONE	BUSINESS PHONE	CELL PHONE (813) 340-9629	PHONE OUTSIDE THE US	FAX	CONSULTANT Ken	DATE September 07 2015
LAST NAME Rile		FIRST NAME Reed	COMPANY NAME Robin Rile Fine Art			
ADDRESS	CITY Miami	STATE FL	COUNTRY USA	POSTAL CODE		
EMAIL ADDRESS reed@robinrile.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. 01/15	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID	PRICE	EXT
1	R/W/B HOPE, 2008	INDIANA, ROBERT	18x18" SCREEN PAINTING/ OIL ON TRIPLE PRIMED CANVAS ON WOODEN FRAME P/P 1/1 - HAND SIGNED/NUMBERED ON VERSO BY ARTIST	0000	\$85,000.00	\$85,000.00
SPECIAL INSTRUCTIONS TERMS OF PAYMENT: BANK WIRE \$5000 DEPOSIT DUE WITHIN 48 HOURS REMAINING BALANCE DUE IN 14 DAYS INVOICE IS VALID FOR 5 BUSINESS DAYS					AMOUNT OF SALE	\$85,000.00
					TAX	\$0.00
					TOTAL SALE	\$85,000.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:				DATE: SEPTEMBER 07, 2015	BALANCE DUE	\$85,000.00

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

THANK YOU