305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE #3204

HOME PHONE			(203)	HONE) 422-6500		PHONE O	JTSIDE THE US	FAX			CONSULT	TANT	Augu	ust 19 2014		
LAST NAME FIRST NAME Nancy							SAMUEL OWEN GALLERY									
ADDRESS 382 Greenwich Avenue							ity Greenwid	h		STATE CT		OUNTRY SA		POSTAL CODE 06830		
							website samuelowengallery.com							DRIVER'S LICENSE #		
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER C												ORIGII	ORIGIN			
CREDIT CARD #								O1/14 AUTH. CODE ESTIMA			MATE					
QUANTITY	UANTITY TITLE ARTIST						DESCRIP [*]	PRODUCT ID			PRI	CE	EXT			
1	SHOES F	S II.257	WARHO	L, AN			signed a	and	G2	3649	49		\$95,	00.00	\$95,000.00	
SPECIAL INSTR TERMS OF P	SPECIAL INSTRUCTIONS FERMS OF PAYMENT: BANK WIRE INVOICE VALID FOR 5 BUSINESS DAYS OR UNTIL BALANCE HAS BEEN PAID IN FULL.														\$95,000.00	
													TAX	<	\$0.00	
													TOTAL	SALE	\$95,000.00	
													SHIPP	ING	\$500.00	
													AMOUN	PAID	\$0.00	
RECEIVED BY: DATE: AUGUST 19, 2014												BALANC	E DUE	\$95,500.00		

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

THANK YOU