CUSTOM FRAMING INVOICE # 278



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 WORK I 305-792-5498			(PHONE			consultant Amy		DATE August 22 2009				
LAST NAME Herzberg			FIRST NAME Dr. Bernard & Marion						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ADDRESS 2600 Island Blvd. Unit 1205												
Williams Island	STATE FL	COUNTRY	POSTAL CODE 33160		email address maraherzberg@yahoo.com					COMPANY NAME		
METHOD OF PAYMENT VISA/MC □ AMEX □ CHECK ☑ CASH □ OTHER □									ORIGIN			
CREDIT CARD #			EXP. 01/09	AUTH. CODE DRIVER'S LICENSE #								
QUANTITY TITLE	ARTIST DESCRIP			CRIPTIO	ON	PRODUCT ID			PRICE EXT			
1			Hanging			0000			\$100.00		\$100.00	
SPECIAL INSTRUCTIONS								AMOUNT OF SALE \$100.00		\$100.00		
								TAX		\$0.00		
									TOTAL SALE		\$100.00	
									SHIPPING		\$0.00	
									AMOUN	IT PAID	\$0.00	
RECEIVED BY: DATE: AUGUST 22, 2009								T 22, 2009	BALANCE DUE \$		\$100.00	

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

THANK YOU