



GALLERY ART

◆ Buying & Selling Fine Art & Collections ◆

305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE # 429

HOME PHONE 954-222-2222		CELL PHONE	FAX	CONSULTANT	DATE January 06 2010	
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 xxxxx@rekal.net		COMPANY NAME
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. 01/10	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
					TAX	\$0.00
					TOTAL SALE	\$100.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:				DATE: JANUARY 06, 2010	BALANCE DUE	\$100.00

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

THANK YOU