



INVOICE # B6

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|--|----------------|------------------------------|------------------------------|------------------------|--------------------------------------|-------------------------|
| HOME PHONE | BUSINESS PHONE | CELL PHONE (305) 793-0393 | PHONE OUTSIDE THE US | FAX | CONSULTANT KEN | DATE October 08 2015 |
| LAST NAME Shurgin | | FIRST NAME David & JoAnne | | | COMPANY NAME | |
| ADDRESS 19925 NE 39th Place | | CITY Aventura | STATE FL | COUNTRY USA | POSTAL CODE 33180 | |
| EMAIL ADDRESS | | WEBSITE | | | DRIVER'S LICENSE # | |
| METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input checked="" 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 | ART ID | PRICE | EXT |
| 1 | TILLMAN | LONGO, ROBERT | HAND SIGNED AND NUMBERED ... | G10123 | \$16,000.00 | \$16,000.00 |
| SPECIAL INSTRUCTIONS TERMS OF PAYMENT: TWO CHECKS FOR \$8,000 EA. MADE PAYABLE TO KEN HENDEL. *Note no trade involved. | | | | | AMOUNT OF SALE | \$16,000.00 |
| | | | | | TAX | \$0.00 |
| | | | | | TOTAL SALE | \$16,000.00 |
| | | | | | SHIPPING | \$0.00 |
| | | | | | AMOUNT PAID | \$0.00 |
| RECEIVED BY: | | | | DATE: OCTOBER 08, 2015 | BALANCE DUE | \$16,000.00 |

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

THANK YOU