305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE # A6040

HOME PHONE (416) 934-7498		PHONE	CELL PHONE		PHONE	PHONE OUTSIDE THE US		FAX		CONSULTANT			April 04 2019		
LAST NAME Brady 140	061 U		FIRST NAME Kevin				COMPA	NY NAME							
ADDRESS 33 Bloor St E, Suite 1300						Toror	Toronto			Canac			POSTAL CODE M4W 3H1		
email address alina.wadiwala@andersonddb.com												DR	RIVER'S LICENS	SE#	
METHOD OF PAYMENT VISA/MC □ AMEX ☑ CHECK □ CASH □ OTHER □												ORIGIN			
CREDIT CARD # XXXX-XXXX-XXXX-								AUTH. CC	DE		ESTIM.	ATE			
QUANTITY TITLE ARTIST					DESCRIF	PTION	ART ID					PRICE		EXT	
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SPECIAL INSTR	UCTIONS							AMOL	JNT OF SA	LΕ	\$6,500.00				
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												S	HIPPING		\$0.00
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RECEIVED BY:								DA	TE: API	RIL 04, 20	019	BAL	ANCE DU	Ξ	\$0.00

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU