305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE # A5454

(305) 445			(786)	PHONE 6) 899-1967		PHONE OUTSIDE THE		HE US	FAX			CONSULT	ANT	March 01 2018		
LAST NAME						FIRST NAME					COM	IPANY NAME				
ADDRESS 3444 Main St #20						Miami			STATE FL			COUNTRY		POSTAL CODI	=	
EMAIL ADDRESS castledesigns1@me.com													DRIVER'S L	CENSE#		
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER													ORIGIN	ORIGIN		
CREDIT CARD # XXXX-XXXX-								EXP. 01/1		AUTH. COD	CODE ESTIMATE			ATE		
QUANTITY	ANTITY TITLE ARTIST				DESCRIPTI			ION	l A		T ID			PRICE		EXT
4	ASSORT	MENT	ROB INDI		T C	he Ha ustom	rtley Ele framed	egies		000	00			\$2,0	00.00	\$8,000.00
SPECIAL INSTRUCTIONS Terms of payment: Check Due upon receipt														AMOUNT OF	SALE	\$8,000.00
														TAX		\$0.00
														TOTAL S	ALE	\$8,000.00
														SHIPPIN	IG	\$0.00
														AMOUNT F	PAID	\$0.00
RECEIVED BY: DATE: MARCH 01, 2018												BALANCE	DUE	\$8,000.00		

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU