



CUSTOM FRAMING

INVOICE # 213

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 954-222-2222	WORK PHONE 954-333-3333	FAX 954-555-5555	CONSULTANT	DATE July 22 2009		
LAST NAME customer		FIRST NAME bob				
ADDRESS 123 Test Street Suite 100						
CITY Fort Lauderdale	STATE FL	COUNTRY United States	POSTAL CODE 33333-1234	EMAIL ADDRESS steve@rekal.net		
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. 01/09	AUTH. CODE	DRIVER'S LICENSE #		
QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID	PRICE	EXT
2	TEST	TEST	short	0000	\$50,000.00	\$100,000.00
SPECIAL INSTRUCTIONS					AMOUNT OF SALE	\$100,000.00
					TAX	\$500.00
					TOTAL SALE	\$100,500.00
					SHIPPING	\$1,000.00
					AMOUNT PAID	\$100,000.00
RECEIVED BY:				DATE: JULY 22, 2009	BALANCE DUE	\$1,500.00

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

THANK YOU