



CUSTOM FRAMING

INVOICE # 269

**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 757-383-2145		WORK PHONE 757.282.1020		FAX 757.490.1200		CONSULTANT MOOD CONYERS		DATE August 19 2009	
LAST NAME ROBINSON				FIRST NAME THOMAS E.					
ADDRESS 150 WEST MAIN STREET, SUITE 1100									
CITY NORFOLK		STATE VA	COUNTRY USA	POSTAL CODE 23510	EMAIL ADDRESS trobinson@robinsondevelopment.com			COMPANY NAME ROBINSON DEVELOPMENT GROUP	
METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>								ORIGIN	
CREDIT CARD #					EXP. 09/10	AUTH. CODE		DRIVER'S LICENSE #	
QUANTITY	TITLE	ARTIST		DESCRIPTION		PRODUCT ID		PRICE	EXT
1	SMOKER	WESSELMANN, TOM		HAND SIGNED AND NUMBERED....		G16563		\$18,000.00	\$18,000.00
SPECIAL INSTRUCTIONS SHIP TO ABOVE ADDRESS								AMOUNT OF SALE	\$18,000.00
								TAX	\$0.00
								TOTAL SALE	\$18,000.00
								SHIPPING	\$0.00
								AMOUNT PAID	\$0.00
RECEIVED BY:								DATE: AUGUST 19, 2009	BALANCE DUE \$18,000.00

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

THANK YOU