



# GALLERY ART

◆ Buying & Selling Fine Art & Collections ◆

305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

## INVOICE # 1111

HOME PHONE	BUSINESS PHONE 305-981-0231	CELL PHONE 305-981-0231	FAX 305-981-0232	CONSULTANT MOOD CONYERS	DATE August 05 2011	
LAST NAME Levin		FIRST NAME Dr. Daniel	COMPANY NAME LEVIN'S WOMEN'S HEALTH & WELLNESS CTR			
ADDRESS 12550 BISCAYNE BLVD., SUITE 604			CITY NORTH MIAMI	STATE FL	COUNTRY USA	
EMAIL ADDRESS contactus@drlevinobgyn.com			WEBSITE www.drlevineobgyn.com		POSTAL CODE 33181	
METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>					DRIVER'S LICENSE #	
CREDIT CARD #			EXP. 01/11	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID	PRICE	EXT
1	FEMALE FORM	JOZZA	29x8x17	0000	\$1,600.00	\$1,600.00
SPECIAL INSTRUCTIONS					AMOUNT OF SALE	\$1,600.00
					TAX	\$0.00
					TOTAL SALE	\$1,600.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:				DATE: AUGUST 05, 2011	BALANCE DUE	\$1,600.00

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

THANK YOU