305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

## **INVOICE # A4378**

HOME PHONE	E PHONE BUSINESS PHONE CELL I		CELL PHON	E	PHONE OUTSIDE THE US 39 348 8132562						CONSULTANT		April 03 2016	
LAST NAME Longhi Gel	lati		FIRST NAME Dottor Maurizio						COMPANY NAME					
ADDRESS Via Saragozza N° 35				BOLO		STATE			COUNTRY		POSTAL CODE 40123			
EMAIL ADDRESS maurizio_longhi@libero.it  website											DRIVER'S LICENSE#			
METHOD OF PAYMENT  VISA/MC □ AMEX □ CHECK □ CASH □ OTHER ☑											(	ORIGIN		
CREDIT CARD # XXXX-XXXX-XXXX-						EXP. 01/16	AUTH.	CODE		ESTIM	ATE			
QUANTITY TITLE ARTIST				DI	ESCRIPT	ION	A	ART ID			ı	PRICE	EXT	
	PIRIT (DONALD Lenox UCK) FS II. 357, signe			Lenox N signed a	8x38" Screenprint on enox Museum Board gned and numbered 0/190 in pencil			0000			\$	40,000.0	\$40,000.00	
SPECIAL INSTRUCTIONS TERMS OF PAYMENT: BANK WIRE INVOICE VALID FOR 7 BUSINESS DAYS OR UNTIL BALANCE HAS BEEN RECEIVED IN FULL.											AMOUI	NT OF SAL	\$40,000.00	
												TAX	\$0.00	
											TOT	TAL SALE	\$40,000.00	
											SH	HIPPING	\$0.00	
											AMO	UNT PAID	\$0.00	
RECEIVED BY: DATE: APRIL 03, 2016									)16	BALA	ANCE DUE	\$40,000.00		

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU