



INVOICE # A6306

HOME PHONE	BUSINESS PHONE	CELL PHONE (347) 922-5148	PHONE OUTSIDE THE US	FAX	CONSULTANT Lexy	DATE November 08 2019
LAST NAME Schwartz		FIRST NAME Stuart		COMPANY NAME		
ADDRESS 801 Sinclair Ave		CITY Staten Island		STATE NY	COUNTRY	POSTAL CODE 10309
EMAIL ADDRESS stulori@gmail.com			WEBSITE		DRIVER'S LICENSE #	
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 # XXXX-XXXX-XXXX-			EXP. 01/19	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	ART ID	PRICE	EXT
1	CARESS	MACK, BILL	Incised artist signature....	G30101	\$1,200.00	\$1,200.00
SPECIAL INSTRUCTIONS TERMS OF PAYMENT: VISA TOTAL BALANCE INCLUDES PROFESSIONAL PACKAGING AND SHIPPING.					AMOUNT OF SALE	\$1,200.00
					TAX	\$0.00
					TOTAL SALE	\$1,200.00
					SHIPPING	\$50.00
					AMOUNT PAID	\$1,250.00
RECEIVED BY:				DATE: NOVEMBER 08, 2019	BALANCE DUE	\$0.00

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

THANK YOU