305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE #938

HOME PHONE	ME PHONE BUSINESS PHONE			(800) 536-7796		FAX		CONSULTANT		March 1	March 19 2011	
Shiller First Name Perry							COMPANY NAME					
ADDRESS 3717 SW Brassie Way							TATE	COUNTRY		POSTAL CODE 34990		
				vebsite www.dentalcollectibles.com						DRIVER'S LICENSE #		
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER								ORIGIN PHONE				
CREDIT CARD #					EXP. 01/11	AUTH. CO	TH. CODE ESTIMAT			E		
QUANTITY	UANTITY TITLE ARTIST			DESCRIPT	PROD	DUCT ID			PRICE	EXT		
1	RYDER CUP VALHALLA	NEIMAN, LER		and signed a mbered	nd	G1	8501			\$1,450.00	\$1,450.00	
SPECIAL INSTRU	UCTIONS								A	AMOUNT OF SALE	\$1,450.00	
										TAX	\$0.00	
										TOTAL SALE	\$1,450.00	
										SHIPPING	\$0.00	
										AMOUNT PAID	\$1,450.00	
RECEIVED BY:						DATE: MARCH 19, 2011				BALANCE DUE	\$0.00	

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

THANK YOU