



# INVOICE # A5897

HOME PHONE	BUSINESS PHONE	CELL PHONE (443) 277-2822	PHONE OUTSIDE THE US	FAX	CONSULTANT	DATE January 16 2019
LAST NAME GELLAR		FIRST NAME REBECCA		COMPANY NAME		
ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE		
EMAIL ADDRESS ragellar1122@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			First visit and evaluation of project	0000	\$200.00	\$200.00
SPECIAL INSTRUCTIONS					AMOUNT OF SALE	\$200.00
					TAX	\$0.00
					TOTAL SALE	\$200.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:				DATE: JANUARY 16, 2019	BALANCE DUE	\$200.00

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

THANK YOU