



INVOICE # A5817

HOME PHONE (212) 572-9891	BUSINESS PHONE	CELL PHONE	PHONE OUTSIDE THE US	FAX	CONSULTANT KEN	DATE November 13 2018
LAST NAME		FIRST NAME Charlie		COMPANY NAME		
ADDRESS 676 MADISON AVENUE			CITY NY	STATE NY	COUNTRY	POSTAL CODE 10065
EMAIL ADDRESS CHARLES@CARLTONFA.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. 01/18	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	ART ID	PRICE	EXT
1	HELIO THERAPY LOVE	INDIANA, ROBERT	HAND SIGNED, NUMBERED, AN...	G16413	\$19,000.00	\$19,000.00
SPECIAL INSTRUCTIONS Please make check payable to Ken Hendel					AMOUNT OF SALE	\$19,000.00
					TAX	\$0.00
					TOTAL SALE	\$19,000.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:				DATE: NOVEMBER 13, 2018	BALANCE DUE	\$19,000.00

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

THANK YOU