



CUSTOM FRAMING

INVOICE # 236

GALLERY ART
20633 BISCAYNE BLVD., AVENTURA, FL 33180
IN THE PROMENADE SHOPS
(305) 932-6166 • FAX (305) 937-2125
GallArt.com email: Ken@GallArt.com

HOME PHONE 954-222-2222	WORK PHONE 954-333-3333	FAX 954-555-5555	CONSULTANT	DATE July 31 2009		
LAST NAME Doe		FIRST NAME John				
ADDRESS 123 Test Street Suite 100						
CITY Fort Lauderdale	STATE FL	COUNTRY United States	POSTAL CODE 33333-1234	EMAIL ADDRESS xxxxx@rekal.net	COMPANY NAME Acme Beta Testing	
METHOD OF PAYMENT VISA/MC <input checked="" type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>					ORIGIN	
CREDIT CARD # 4111111111111111			EXP. 10/19	AUTH. CODE	DRIVER'S LICENSE #	
QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID	PRICE	EXT
1	TEST			0000	\$100.00	\$100.00
SPECIAL INSTRUCTIONS					AMOUNT OF SALE	\$100.00
					TAX	\$0.00
					TOTAL SALE	\$100.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:				DATE: JULY 31, 2009	BALANCE DUE	\$100.00

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

THANK YOU