CUSTOM FRAMING INVOICE # 229



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 954-424-2297				WORK PHONE			FAX		CONSULTANT			DATE July 27 2009			
LAST NAME Rucker					FIRST NAME Steve										
ADDRESS 8008 Lak	ADDRESS 8008 Lakepointe Drive														
CITY Plantation				tes		POSTAL CODE 33322		ruckerstev@hotmail.com					COMPANY NAME		
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER C												ORIGIN			
CREDIT CARD #								.P. 1/09	AUTH. CODE	DRIVER'S LICENSE#					
QUANTITY TITLE AR				TIST DESCRIPT			PTION		PRODUCT	PRODUCT ID			PRICE	EXT	
1	DFGSDF								0000	F	RAMING	ì	\$100.00	\$100.00	
SPECIAL INSTR	RUCTIONS												AMOUNT OF SALE	\$100.00	
													TAX	\$0.00	
													TOTAL SALE	\$100.00	
													SHIPPING	\$0.00	
													AMOUNT PAID	\$0.00	
RECEIVED	RECEIVED BY: DATE: JULY 27, 2009													\$100.00	

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

THANK YOU