



CUSTOM FRAMING

INVOICE # 284

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 716.631.3200		WORK PHONE 716.983.2850		FAX	CONSULTANT Lorraine & Amy		DATE August 26 2009		
LAST NAME Strauss				FIRST NAME Randy S.					
ADDRESS 8203 Main Street Suite 2									
CITY Williamsville	STATE NY	COUNTRY US	POSTAL CODE 14221	EMAIL ADDRESS randy@straussgroup.com			COMPANY NAME Strauss Group Inc.		
METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>							ORIGIN OTHER		
CREDIT CARD #				EXP. 01/09	AUTH. CODE	DRIVER'S LICENSE #			
QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID		PRICE		EXT	
1	EXHIBITION POSTER	MAX, PETER	ADDITIONAL IMAGES AVAILAB...	G13954		\$50.00		\$50.00	
SPECIAL INSTRUCTIONS Purchased on ebay randystrauss						AMOUNT OF SALE		\$50.00	
						TAX		\$0.00	
						TOTAL SALE		\$50.00	
						SHIPPING		\$0.00	
						AMOUNT PAID		\$50.00	
RECEIVED BY:						DATE: AUGUST 26, 2009		BALANCE DUE	\$0.00

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

THANK YOU