305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE # A4299

HOME PHONE		BUSINESS P	HONE	CELL PH	HONE) 744-4879		PHONE OUTSIDE THE US			CONSUL		ANT	DATE February 26		
				(317) 144-4013	'					Lexy		2016	ary 20	
LAST NAME Aarts					FIRST NAME Felix				NY NAME						
ADDRESS CITY South Orange							STATE NJ		COUNTRY USA			POSTAL CODE 07079			
EMAIL ADDRESS felix_aarts@hotmail.com												DRIVER'S LICENSE#			
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER OTHER												ORIGIN	ORIGIN		
CREDIT CARD # XXXX-XXXX-XXXX- EXP. 01/16										ESTIM	ATE				
QUANTITY	NTITY TITLE			ARTIST		DESCRIPTI		ART ID			PRIC	E	EXT		
1	PACKAGE DEAL DAN FLAVIN KAREL APP				EENPRII OPGRAP				000		\$2,0	00.00	\$2,000.00		
SPECIAL INSTRUCTIONS TERMS OF PAYMENT: BANK WIRE DAN FLAVIN SOLD WITH FRAME "AS IS" CUSTOM WHITE GALLERY FRAME WILL BE INCLUDED												AMOUNT O	F SALE	\$2,000.00	
	VITH THE APPEL. ONCE WE RECEIVE PAYMENT ARTWORK WILL BE PROFESSIONALLY PACKAGED AND DELIVERED TO YOUR DOOR. INVOICE VALID FOR 5 BUSINESS DAYS OR UNTIL BALANCE HAS BEEN RECEIVED IN FULL.													\$0.00	
												TOTAL SALE		\$2,000.00	
													SHIPPING		
											Ī	AMOUNT	PAID	\$0.00	
RECEIVED	RECEIVED BY: DATE: FEBRUARY 26, 2016												DUE	\$2,000.00	

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

THANK YOU