



CUSTOM FRAMING

INVOICE # 106

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 954-222-2222		FAX 954-555-5555		CONSULTANT		DATE February 11 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 steve@rekal.net	
FRAMING ORDER <input type="checkbox"/>				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"/>						
CREDIT CARD # 4111111111111111					EXP. 10/19	AUTH. CODE		DRIVER'S LICENSE #		
QUANTITY	TITLE	ARTIST	DESCRIPTION				PRODUCT ID	PRICE	EXT	
1	SPRING RAIN	DALI, SALVADOR	ORIGINAL HAND SIGNED BY D...				G10410	\$400,000.00	\$400,000.00	
SPECIAL INSTRUCTIONS								AMOUNT OF SALE	\$400,000.00	
								TAX	\$0.00	
								TOTAL SALE	\$400,000.00	
								SHIPPING	\$0.00	
								AMOUNT PAID	\$0.00	
RECEIVED BY:							DATE: FEBRUARY 11, 2009		BALANCE DUE	\$400,000.00

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

THANK YOU