



INVOICE # 3377

HOME PHONE (305) 445-6090	BUSINESS PHONE	CELL PHONE	PHONE OUTSIDE THE US	FAX	CONSULTANT LES	DATE November 04 2014
LAST NAME ROBERTS		FIRST NAME LES		COMPANY NAME		
ADDRESS 5959 Collins Ave		CITY Miami Beach		STATE FL	COUNTRY USA	POSTAL CODE 33140
EMAIL ADDRESS castledesigns1@mac.com			WEBSITE		DRIVER'S LICENSE #	
METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>						ORIGIN
CREDIT CARD # XXXX-XXXX-XXXX-			EXP. 01/14	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID	PRICE	EXT
1	SALVADOR DALI SCULPTURE			0000	\$20,000.00	\$20,000.00
SPECIAL INSTRUCTIONS					AMOUNT OF SALE	\$20,000.00
					TAX	\$0.00
					TOTAL SALE	\$20,000.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$20,000.00
RECEIVED BY:					DATE: NOVEMBER 04, 2014	BALANCE DUE \$0.00

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

THANK YOU