



INVOICE # A6725

HOME PHONE	BUSINESS PHONE	CELL PHONE (954) 513-5374	PHONE OUTSIDE THE US	FAX	CONSULTANT Lexy	DATE August 02 2020
LAST NAME Pomerant		FIRST NAME Kiersa		COMPANY NAME		
ADDRESS 2311 NE 7th ST		CITY Hallandale	STATE FL	COUNTRY	POSTAL CODE 33009	
EMAIL ADDRESS kpomerant20@gmail.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 checked="" type="checkbox"/>						ORIGIN
CREDIT CARD # XXXX-XXXX-XXXX-			EXP. 01/20	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	ART ID	PRICE	EXT
1	SPECIAL PACKAGE DEAL 'AS IS'	AGAM, YAACOV	2 PCS FROM THE MENORAH SERIES. EACH HAND SIGNED & NUMBERED BY THE ARTIST	0000	\$3,000.00	\$3,000.00
SPECIAL INSTRUCTIONS TERMS OF PAYMENT: DEBIT CARD					AMOUNT OF SALE	\$3,000.00
					TAX	\$210.00
					TOTAL SALE	\$3,210.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:					DATE: AUGUST 02, 2020	BALANCE DUE \$3,210.00

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

THANK YOU