



CUSTOM FRAMING

INVOICE # 181

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 954-333-3333		FAX 954-555-5555		CONSULTANT		DATE June 18 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 ruckerstev@hotmail.com			COMPANY NAME Acme Beta Testing	
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"/>								ORIGIN	
CREDIT CARD # 4111111111111111				EXP. 10/19	AUTH. CODE	DRIVER'S LICENSE #			
QUANTITY	TITLE	ARTIST	DESCRIPTION		PRODUCT ID	PRICE		EXT	
1	TEST				0000 FRAMING	\$1,000.00		\$1,000.00	
SPECIAL INSTRUCTIONS						AMOUNT OF SALE		\$1,000.00	
						TAX		\$0.00	
						TOTAL SALE		\$1,000.00	
						SHIPPING		\$0.00	
						AMOUNT PAID		\$0.00	
RECEIVED BY:						DATE: JUNE 18, 2009		BALANCE DUE	\$1,000.00

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

THANK YOU