

305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE # 3223

HOME PHONE				CELL PHONE (335) 707-4005			PHONE OUTSI		TSIDE THE US	FAX			CONSULTAN		Aug		august 28 2014	
						FIRST NAME CHARLOTTE								COMPANY NAME				
ADDRESS			CITY		STATE				ntry ALY	POS		STAL CODE						
EMAIL ADDRESS c.orsimazzucchelli@gmail.com															DRIVER'S LICE	NSE#		
VISA/MC	METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER OTHER														ORIGIN			
CREDIT CARD #									EXP. 01/14	AUTH. COE	E		ESTI	MATE				
QUANTITY	NTITY TITLE ARTIST DESCRIP								ION	PRODU	ICT ID				PRICE		EXT	
1	LINCO CENTER		WARHO	L, AN		and s	igne	d. F	rom the	G24	331				\$7,50	0.00	\$7,500.00	
SHIPPING CO	SPECIAL INSTRUCTIONS SHIPPING COST TO ITALY TO BE DETERMINED AND APPLIED TO INVOICE, ALONG WITH ESTIMATED ARRIVAL DATE. PLEASE PROVIDE														OUNT OF S	SALE	\$7,500.00	
EXACT SHIPPING ADDRESS. TERMS OF PAYMENT: BANK WIRE PURCHASE IS BACKED BY 14 DAYS NO QUESTIONS ASKED RETURN POLICY FROM THE TIME ARTWORK IS RECEIVED. INVOICE IS VALID FOR 5 BUSINESS DAYS OR UNTIL PAID IN FULL.														TAX		\$0.00		
															TOTAL SAL	.E	\$7,500.00	
															SHIPPING	;	\$0.00	
														Α	MOUNT PA	ΝD	\$0.00	
RECEIVED	RECEIVED BY: DATE: AUGUST 28, 2014													В	BALANCE DUE		\$7,500.00	

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

THANK YOU