305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE # 1226

HOME PHONE			SINESS PHONE	PHONE CELL PHONE 504-45			FAX				CONSULTANT Jeremiah He		November 02 20			
LAST NAME Odaniels				FIRST NAME Shawn					COMPA	NY NAME						
ADDRESS CITY New Orleans									COUNTRY				POSTAL CODE 70124			
EMAIL ADDRESS SMOd@mac.com						DITE						DRIV	DRIVER'S LICENSE#			
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER											ORIGIN WEBSITE					
CREDIT CARD #						0°	r. 1/11	AUTH	AUTH. CODE ESTIM			MATE				
QUANTITY TITLE ARTIST				DESCRIPT			٧	PRODUCT ID				F	RICE	EXT		
1	JAMAICA MAX, PETER			and signed ımbered	and		1470				\$1,800.00	\$1,800.00				
SPECIAL INSTRUCTIONS												AMOUN	IT OF SALE	\$1,800.00		
TO BE SHIPPED													TAX	\$0.00		
												ТОТ	AL SALE	\$1,800.00		
												SH	IPPING	\$67.43		
												AMO	JNT PAID	\$0.00		
RECEIVED BY: DATE: NOVEMBER 02, 2011											BALA	NCE DUE	\$1,867.43			

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

THANK YOU