305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

## **INVOICE # 2762**

HOME PHONE BUSINESS PHONE 5619220167		CELL PHONE 5613501236		FAX	FAX		CONSULTA	NT	January 27 2014		
LAST NAME Hrabar				FIRST NAME Patricia			COMPA	IY NAME			
ADDRESS 17775 Litten Drive			Boca	ı Raton		STATE FL		COUNTRY		POSTAL CODE 33498	
EMAIL ADDRESS sunnypeh@aol.com				WEBSITE						DRIVER'S LICENSE #	
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER									ORIGIN		
CREDIT CARD #		EXP. 01/14	AUTH. C	H. CODE ESTIMATI							
QUANTITY	UANTITY TITLE ARTIST			DESCRIPTION			PRODUCT ID			PRICE	EXT
1	NORTH WOOL	MCKNIGHT, THOMAS		and signed ar ımbered	nd	G2	G23095			\$300.00	\$300.00
SPECIAL INSTRUCTIONS TOTAL BALANCE INCLUDES PROFESSIONAL PACKAGING, INSURANCE AND SHIPPING. BALANCE TO BE PAID IN FULL VIA CREDIT CARD, INVOICE VALID FOR 5 BUSINESS DAYS OR UNTIL BALANCE IS PAID IN FULL.										AMOUNT OF SALE	\$300.00
OALD. INVOICE VALID FOR O DOUBLESS DATE ON ON THE BALANCE IS FAID IN FIGURE.									TAX	\$21.00	
										TOTAL SALE	\$321.00
										SHIPPING	\$50.00
										AMOUNT PAID	\$0.00
RECEIVED BY:						DATE: JANUARY 27, 2014				BALANCE DUE	\$371.00

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

THANK YOU