



CUSTOM FRAMING

INVOICE # 320

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 305.608.9637		WORK PHONE 305.868.3337		FAX	CONSULTANT	DATE October 01 2009	
LAST NAME Opera Gallery			FIRST NAME Leon				
ADDRESS 9700 Collins Ave							
CITY Bal Harbor	STATE FL	COUNTRY USA	POSTAL CODE 33154	EMAIL ADDRESS leon@operagallery.com			COMPANY NAME
METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>							ORIGIN
CREDIT CARD #				EXP. 01/09	AUTH. CODE	DRIVER'S LICENSE #	
QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID		PRICE	EXT
1	HELIO THERAPY LOVE	INDIANA, ROBERT	HAND SIGNED, NUMBERED, AN...	G16413		\$5,000.00	\$5,000.00
SPECIAL INSTRUCTIONS						AMOUNT OF SALE	\$5,000.00
						TAX	\$0.00
						TOTAL SALE	\$5,000.00
						SHIPPING	\$0.00
						AMOUNT PAID	\$0.00
RECEIVED BY:						DATE: OCTOBER 01, 2009	BALANCE DUE \$5,000.00

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

THANK YOU