



CUSTOM FRAMING

INVOICE # 281

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 310-657-6873		WORK PHONE		FAX	CONSULTANT		DATE August 24 2009		
LAST NAME Schoenfeld			FIRST NAME Jeri						
ADDRESS 11933 ASHDALE LANE									
CITY STUDIO CITY		STATE CA	COUNTRY	POSTAL CODE 91604	EMAIL ADDRESS jeri_schoenfeld@sbcglobal.net			COMPANY NAME	
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 OTHER		
CREDIT CARD # 5466160144865332				EXP. 07/11	AUTH. CODE 126	DRIVER'S LICENSE #			
QUANTITY	TITLE	ARTIST	DESCRIPTION		PRODUCT ID		PRICE	EXT	
4	CHAMPAGNE FLUTE	ERTE	...		G17462		\$150.00	\$600.00	
SPECIAL INSTRUCTIONS Ship 2 Glasses To: Kathy Fisher & Steve Deitrich 4430 Laurelgrove Studio City, CA 91604							AMOUNT OF SALE	\$600.00	
							TAX	\$0.00	
							TOTAL SALE	\$600.00	
							SHIPPING	\$0.00	
							AMOUNT PAID	\$600.00	
RECEIVED BY:							DATE: AUGUST 24, 2009	BALANCE DUE	\$0.00

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

THANK YOU