ARTIST NAME

Studio Address Line 1
City, State, Zip
Email / Website

INVOICE

Number: #0000
Date: Month DD, YYYY

CLIENT

Name / Collector
Address Line 1
City, State, Zip

SHIPPING ADDRESS

Recipient Name
Address Line 1
City, State, Zip

TITLE & EDITION	DIMENSIONS	MEDIUM	PRICE
Artwork Title Name Edition X of Y + AP	00 x 00 in	Archival Pigment Print	$0.00
Mounting & Framing Description of materials	-	-	$0.00

Subtotal $0.00
Shipping & Handling $0.00
Sales Tax $0.00
Total $0.00

NOTES & TERMS

Copyright remains with the artist. Certificate of Authenticity included upon receipt of full payment. Payment due within 30 days.