STUDIO NAME / ARTIST NAME

INVOICE
#001

Artist Contact
Street Address
City, State, Zip
Email / Phone

Bill To
Client Name / Gallery
Street Address
Date: 00/00/0000

ARTWORK TITLE / DESCRIPTION	EDITION	AMOUNT
Title of Print - [Dimensions/Medium]	1 of 10	$0.00
Framing & Mounting Services	-	$0.00
Insured Shipping & Handling	-	$0.00

Subtotal $0.00
Tax $0.00
TOTAL $0.00

Payment Terms: Please remit payment within 30 days. Certificate of Authenticity will be issued upon receipt of full payment.