

# [GALLERY NAME]

[Address Line 1]

[Address Line 2]

[Website/Email]

## COMMISSION INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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### CONSIGNOR / ARTIST

[Artist Name]

[Address]

[Tax ID/VAT]

### CLIENT / COLLECTOR

[Buyer Name]

[Address]

[Phone/Email]

ARTWORK DESCRIPTION (ARTIST, TITLE, MEDIUM, YEAR)	RETAIL PRICE	COMM. %	GALLERY SHARE
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Subtotal Commission: \$ \_\_\_\_\_

Production/Framing Fees: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Total Due to Gallery: \$ \_\_\_\_\_

## **PAYMENT TERMS & INSTRUCTIONS**

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Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Payment is due within [Number] days of invoice date. Title of work transfers only upon full payment.