

GALLERY NAME

Street Address
City, State, Zip
Email / Phone

INVOICE

No: _____
Date: _____

Artist / Consignor:

Name
Address
Contact Info

Exhibition/Project:

Reference Name / Dates

ARTWORK DESCRIPTION (TITLE, YEAR, MEDIUM, SIZE)	SALE PRICE	COMM. %	COMMISSION DUE
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[Insert Artwork Details]	\$0.00	0%	\$0.00
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[Insert Artwork Details]	\$0.00	0%	\$0.00
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Subtotal Commission: \$0.00
Production/Framing Costs: \$0.00
Tax (if applicable): \$0.00
TOTAL DUE: \$0.00

Payment Terms: Net [30] days. Please make checks payable to Gallery Name or use wire transfer details below.

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