

[ARTIST/GALLERY NAME]

[Studio Address]
[City, Country]
[Email/Phone]

INVOICE

NO: [0000]
DATE: [Month Day, Year]

CLIENT / COLLECTOR

[Client Name]
[Shipping/Billing Address]
[Contact Information]

EXHIBITION TITLE

[Name of Exhibition/Event]
[Venue Name]
[Dates]

ARTWORK DESCRIPTION

MEDIUM & DIMENSIONS

COMMISSION FEE

[Title of Piece 01]

[Oil on Canvas, 48x60"]

[0.00]

[Title of Piece 02]

[Bronze Sculpture, 12x12x24"]

[0.00]

SUBTOTAL: \$[0.00]

INSURANCE & HANDLING: \$[0.00]

TOTAL BALANCE DUE: \$[0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name]

Account: [Number]

SWIFT/BIC: [Code]

Certificates of Authenticity will be transferred upon receipt of full payment.

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