

COMMISSION INVOICE

Invoice #:

Date:

Gallery Information

[Gallery Name]

[Street Address]

[City, State, Zip]

[VAT/Tax ID]

Artist / Payee

[Artist Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Transaction Details

SCULPTURE TITLE / ID	COLLECTOR	SALE PRICE	COMM. %	COMMISSION DUE
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[Materials/Year]

Subtotal: _____

Tax (if applicable): _____

Total Commission Payable: _____

Payment Instructions

Bank Name: _____

Account Name: _____

IBAN/Account #: _____

SWIFT/BIC: _____

Terms: Net [30] days. All sculpture copyrights remain with the artist unless otherwise specified.