

Artist Bill of Sale

Sale Date: _____

Invoice No: _____

Seller:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

Purchaser:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

Terms of Sale:

Print Price: \$ _____

Frame Price: \$ _____

Sales Tax: \$ _____

Delivery Charges \$ _____

Total Due \$ _____

COPYRIGHT AND REPRODUCTION RIGHTS RESERVED BY THE ARTIST

Seller:

Purchaser:
