

# **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:	I	Email:	

## **Terms of Sale:**

Print Price:	\$
Frame Price:	\$
Sales Tax:	\$
Delivery Charges	\$
Total Due	\$

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Seller:

#### **Purchaser:**

Exeter 1031 Exchange Services, LLC 402 West Broadway, Suite 400, San Diego, California 92101 Office: (619) 615-4210 • Facsimile: (619) 615-4205 • Web site: <u>www.exeter1031.com</u>

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