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INVOICE # A6997

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						FIRST NAME Shea O				COMPA	COMPANY NAME				
ADDRESS 479 HICKS ST. Apt 4L						BROOKLYN				STATE NY		JNTRY		POSTAL CODE 11231	
Shea.O.H	s lill@artsy.ı	net	WEBSITE ARTSY							DRIVER'S LICENSE#					
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER C													ORIGIN		
CREDIT CARD # EXP. 01/21 AUTH. CODE 01/21										ESTIMATE	Ē				
QUANTITY	Y TITLE ARTIST			IST	DESCRIPT			ION	ART ID				PRICE		EXT
1	ICE QL	IEEN	SWO	OON		and si	igned a ed	nd	G29145				\$1,87	'5.00	\$1,875.00
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ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU