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INVOICE # A6593

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LAST NAME Crichton					FIRST NAME Taylor				COMPAN	IY NAME				
ADDRESS 527 Molino Street 110					Los A			STATE CA	COU	NTRY	90013	POSTAL CODE 90013		
EMAIL ADDRESS Taylor.Crichton@1stdibs.com					WEBSI 1ST						DRIVER'S LICENSE #			
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER												ORIGIN		
CREDIT CARD # EXP. 01/20 AUTH. CODE 01/20									ESTIMATE					
QUANTITY	TITL	E	AR	IST	D	ESCRIPT	TION	AR'	T ID			PRICE		EXT
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ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU