



# INVOICE # A16878

HOME PHONE	BUSINESS PHONE	CELL PHONE (416) 543-8757	PHONE OUTSIDE THE US	FAX	CONSULTANT	DATE September 09 2022
LAST NAME Scolonik		FIRST NAME marcy		COMPANY NAME		
ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE		
EMAIL ADDRESS mslegalservices@rogers.com		WEBSITE			DRIVER'S LICENSE #	
METHOD OF PAYMENT VISA/MC <input checked="" type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>						ORIGIN WALK-IN
CREDIT CARD # XXXX-XXXX-XXXX-			EXP. 01/22	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	ART ID	PRICE	EXT
1	DREAMPUFF	KOSTABI PAUL	Print	0000	\$169.00	\$169.00
SPECIAL INSTRUCTIONS					AMOUNT OF SALE	\$169.00
					TAX	\$11.83
					TOTAL SALE	\$180.83
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:				DATE: SEPTEMBER 09, 2022	BALANCE DUE	\$180.83

ALL CLAIMS AND RETURNED GOODS **MUST BE** ACCOMPANIED BY THIS INVOICE

THANK YOU