305.932.6166 20633 Biscayne Blvd Aventura FL 33180 GALLART.COM

INVOICE # 449

HOME PHONE 954-111-1111		954-	HONE 444-4444		954-555-555			CONSI		_{DATE} Janu			
LAST NAME Doe				FIRST NAME John									
ADDRESS 123 Test Street Suite 100													
		STATE FL	COUNTRY United States		POSTAL CODE 33333-1234		steve@rekal.net			Acme Beta Testing			
METHOD OF PAYMENT VISA/MC AMEX □ CHECK □ CASH □ OTHER □											ORIGIN		
CREDIT CARD # 4111111111111111111111111111111111111						EXP. 10/19	AUTH. COD	E D	RIVER'S LICENSE#				
QUANTITY	TITLE ARTIST				DESCRIPTION			PRODUCT ID			PRICE	EXT	
1	TEST						000	00			\$100.00	\$100.00	
SPECIAL INSTRUCTIONS test test test test test test test tes										Α	MOUNT OF SALE	\$100.00	
TO BE SHIPPED											TAX	\$0.00	
											TOTAL SALE	\$100.00	
											SHIPPING	\$0.00	
											AMOUNT PAID	\$0.00	
RECEIVED BY: DATE: JANUARY 10, 2010										BALANCE DUE	\$100.00		

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU