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## **INVOICE # A16987**

LAST NAME Ballenger  FIRST NAME Jennifer  COMPANY NAME	
ADDRESS 890 Ferncroft Ct City Roswell GA COUNTRY GA 30075	
EMAIL ADDRESS jlballenger@gmail.com  WEBSITE 1STDIBS  DRIVER'S LICENSE #	
METHOD OF PAYMENT  VISA/MC AMEX CHECK CASH OTHER C	
CREDIT CARD #  XXXX-XXXX-XXXX-     EXP.   O1/22   ESTIMATE	
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ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU