INVOICE # 426

HOME PHONE 954-222-2222	CELL PHONE	FAX	CONSULTANT	DATE January 06 2010

LAST NAME Doe	FIRST NAME John

ADDRESS
123 Test Street Suite 100

CITY Fort Lauderdale	STATE FL	COUNTRY United States	POSTAL CODE 33333-1234	EMAIL ADDRESS xxxxx@rekal.net	COMPANY NAME

METHOD OF PAYMENT
VISA/MC ☐   AMEX ☐   CHECK ☐   CASH ☐   OTHER ☐   ORIGIN

CREDIT CARD #	EXP. 01/10	AUTH. CODE	DRIVER'S LICENSE #

QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID		PRICE	EXT
1	TEST			0000		$100.00	$100.00

SPECIAL INSTRUCTIONS		
	AMOUNT OF SALE	$100.00
	TAX	$0.00
	TOTAL SALE	$100.00
	SHIPPING	$0.00
	AMOUNT PAID	$0.00
RECEIVED BY: DATE: JANUARY 06, 2010	BALANCE DUE	$100.00

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