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INVOICE # A11448

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Chauhan FIRST NAME Shakti										COMPAN	Y NAME						
ADDRESS 95 Church St, Unit 2304 Unit 2304								Los Gatos			STATE CA	COUNTR		POSTAL CODE 95030		Ē	
email ADDRESS shakti.s.chauhan@gmail.com												DRIVER'S LICENSE #					
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER														ORIGIN			
CREDIT CARD # XXXX-XXXX-XXXX-								EXP. 01/21	AUTH. CO	DDE	ESTIMATE						
QUANTITY	JANTITY TITLE ARTIST					DESCRIPTIO			N ART ID				PRICE		EXT		
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ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU