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INVOICE # A11475

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LAST NAME Enea					ST NAME aniel				COMF	PANY NAME					
I i					Havertown			PA COL		COUNTRY	COUNTRY		POSTAL CODE 19083		
EMAIL ADDRESS daniel.ene	a4@gma	il.com		WEBSITE 1STDIBS							DRIVER'S LICENSE#				
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER												ORIGIN	ORIGIN		
CREDIT CARD # EXP. 01/21 AUTH. CODE									ESTIMA	TE					
QUANTITY	TITL	.E	ARTIST			DESCRIPTION			ART ID			PRICE	PRICE		
1	ITAI	LY	MAIMON,	ISAAC	Hand s	igned a ed	nd	G11161				\$2	15.00	\$215.00	
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												AMOUNT PA	AID	\$250.00	
RECEIVED B	BY:							DATE	: NOVI	EMBER 10	, 2021	BALANCE D	DUE	\$0.00	

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

THANK YOU