



# INVOICE # 3294

HOME PHONE	BUSINESS PHONE	CELL PHONE	PHONE OUTSIDE THE US	FAX	CONSULTANT	DATE September 27 2014
LAST NAME RUCKER		FIRST NAME STEPHEN		COMPANY NAME		
ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE		
EMAIL ADDRESS steverucker@gmail.com		WEBSITE			DRIVER'S LICENSE #	
METHOD OF PAYMENT VISA/MC <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <input type="checkbox"/>						ORIGIN OTHER
CREDIT CARD # XXXX-XXXX-XXXX-6666			EXP. 01/14	AUTH. CODE	ESTIMATE <input type="checkbox"/>	
QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID	PRICE	EXT
1	TEST	TEST	test	0000	\$1.00	\$1.00
SPECIAL INSTRUCTIONS					AMOUNT OF SALE	\$1.00
					TAX	\$0.00
					TOTAL SALE	\$1.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:				DATE: SEPTEMBER 27, 2014	BALANCE DUE	\$1.00

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

THANK YOU