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INVOICE # A7081

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LAST NAME Reisman					rirst name Vatalia			COMPANY NAME							
ADDRESS 290 West Street 3B					New Y		NY			COUNTRY		POSTAL CODE 10013			
EMAIL ADDRESS Natalia.Ro		stdibs.c	WEBSITE 1STDIBS							DRIVER'S LI	CENSE#				
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER												ORIGIN			
CREDIT CARD # XXXX-XXXX-XXXX-								AUTH. CO	DE ESTIN		ATE				
QUANTITY	UANTITY TITLE ARTIST			TIST	D	ESCRIPT	ION	AR	ART ID			PRICE		EXT	
1	LIFE BEAUT (RE	IFUL	BRAIN' MR. (ED					G3	1048			\$2,0	00.00	\$2,000.00	
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ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU