



INVOICE # A3847

HOME PHONE	BUSINESS PHONE	CELL PHONE (132) 132-1411	PHONE OUTSIDE THE US	FAX	CONSULTANT	DATE June 29 2015
LAST NAME Doe		FIRST NAME John		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
CREDIT CARD # XXXX-XXXX-XXXX-			EXP. 01/15	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 Test A order					AMOUNT OF SALE	\$1.00
					TAX	\$0.00
					TOTAL SALE	\$1.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:					DATE: JUNE 29, 2015	BALANCE DUE \$1.00

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

THANK YOU