

INVOICE # 3419

HOME PHONE	BUSINESS PHONE	CELL PHONE	PHONE OUTSIDE THE US	FAX	CONSULTANT	DATE November 25 2014
LAST NAME Rucker		FIRST NAME Steve		COMPANY NAME		
ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE		
EMAIL ADDRESS steverucker@gmail.com		WEBSITE		DRIVER'S LICENSE #		
METHOD OF PAYMENT						ORIGIN OTHER
VISA/MC <input checked="" type="checkbox"/>	AMEX <input checked="" type="checkbox"/>	CHECK <input checked="" type="checkbox"/>	CASH <input checked="" type="checkbox"/>	OTHER <input checked="" type="checkbox"/>		
CREDIT CARD # xxxx-xxxx-xxxx-			EXP. 01/14	AUTH. CODE	ESTIMATE <input checked="" type="checkbox"/>	

QUANTITY	TITLE	ARTIST	DESCRIPTION	PRODUCT ID	PRICE	EXT
1	TEST	TEST	test	0000	\$10.00	\$10.00

SPECIAL INSTRUCTIONS testing	AMOUNT OF SALE	\$10.00
	TAX	\$0.00
	TOTAL SALE	\$10.00
	SHIPPING AMOUNT PAID	\$0.00
	DATE: NOVEMBER 25, 2014	BALANCE DUE
		\$10.00

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

THANK YOU