



# INVOICE # 3312

HOME PHONE	BUSINESS PHONE	CELL PHONE	PHONE OUTSIDE THE US	FAX	CONSULTANT	DATE October 04 2014
LAST NAME steve		FIRST NAME rucker		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-			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 test					AMOUNT OF SALE	\$1.00
					TAX	\$0.00
					TOTAL SALE	\$1.00
					SHIPPING	\$0.00
					AMOUNT PAID	\$0.00
RECEIVED BY:					DATE: OCTOBER 04, 2014	BALANCE DUE \$1.00

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

THANK YOU