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INVOICE # A6609

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LAST NAME Locke					FIRST NAME Richard					COMPANY NAME					
ADDRESS 1 Currant Rd CITY Fall					all River			STATE MA		COUNTRY			POSTAL CODE 02720		
EMAIL ADDRESS Richard.Locke@1stdibs.com WEBSITE 1STDIBS											DRIVER'S LICENSE #				
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER													ORIGIN		
CREDIT CARD# XXXX-XXXX-DIBS EXP. 01/20 AUTH. CODE										ESTIMAT	E				
QUANTITY	TITLE AR		TIST DE		ESCRIPTION			ART ID				PRICE		EXT	
1	ECRIT	URE	SEO-BO), PAR	K HAND NUMBE	SIGNED		D	G122	70			\$1,350	0.00	\$1,350.00
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ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THANK YOU