Invoice #
Date:

SHIP TO:	BILL TO:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

ITEM	DESCRIPTION	QTY	LIST	COST	FILLED	ITEM TOTAL

4090 SW JAQUST STREET
PORT ST. LUCIE, FL 34953
772-812-2391

SUBTOTAL---------->	
FL 7% SALES TAX->	
SHIPPING & H------->	
ORDER TOTAL------>	
AMOUNT PAID ----->	
BALANCE DUE ----->	

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~DUE UPON RECEIPT~