



400 Commonwealth Drive
Warrendale PA 15096-0001 USA

o 724-776-4841 FED I.D. 25-1494402
f 724-776-0790 D-U-N-S 07-214-8869
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INVOICE

SHIPPED TO:

JAIME CONTRERAS
RESEARCH & DEVELOPMENT
MANKIEWICZ GEBR & CO
CHARLESTON REGIONAL PKWY
CHARLESTON SC 29492

PAGE NO 1

BILL TO:

JAIME CONTRERAS
RESEARCH & DEVELOPMENT
MANKIEWICZ GEBR & CO
CHARLESTON REGIONAL PKWY
CHARLESTON SC 29492

CUSTOMER NO.	6150871701	P.O. NO.	
INVOICE NO.	18960405-1	INVOICE DATE	04/06/2019
DATE SHIPPED		SHIP VIA	
TERMS	Payable Upon Receipt		

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QTY ORDR	QTY SHIPD	QTY BK ORD	ITEM NUMBER	DESCRIPTION	UNIT PRICE	DISCOUNT	NET
	1		RAP	Member Application For Membership Expiring 04/30/2020	110.00	0	110.00
				SUBTOTAL			110.00
				TOTAL			110.00
			Pre-Payment	AMEX for \$110.00 on 04/08/2019			110.00

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For questions on returning merchandise, call SAE Customer Service at 1-877-606-7323 or 724-776-4970.

PAYMENT METHOD		AMOUNT PAID	110.00	CREDIT BALANCE	.00	.00																									
<table border="1"> <tr> <td>RETURN A COPY WITH PAYMENT TO:</td> <td>SAE P.O. BOX 79572 BALTIMORE, MD 21279-0572 USA</td> <td>CHARGE TO:</td> <td><input type="checkbox"/> MasterCard</td> <td><input type="checkbox"/> Visa</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> American Express</td> <td><input type="checkbox"/> Discover</td> </tr> <tr> <td>Contact Customer Service for Bank Wire Information</td> <td></td> <td>Expiration Date:</td> <td colspan="2">_____ MM/YYYY</td> </tr> <tr> <td>CUSTOMER NO. 6150871701</td> <td></td> <td>Credit Card No.:</td> <td colspan="2">_____</td> </tr> <tr> <td>INVOICE NO. 18960405-1</td> <td></td> <td>Cardholder Signature:</td> <td colspan="2">_____</td> </tr> </table>							RETURN A COPY WITH PAYMENT TO:	SAE P.O. BOX 79572 BALTIMORE, MD 21279-0572 USA	CHARGE TO:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa				<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	Contact Customer Service for Bank Wire Information		Expiration Date:	_____ MM/YYYY		CUSTOMER NO. 6150871701		Credit Card No.:	_____		INVOICE NO. 18960405-1		Cardholder Signature:	_____	
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CUSTOMER NO. 6150871701		Credit Card No.:	_____																												
INVOICE NO. 18960405-1		Cardholder Signature:	_____																												
						REMIT IN U.S. FUNDS ONLY MAKE CHECK PAYABLE TO SAE DO NOT STAPLE YOUR REMITTANCE TO THIS FORM																									