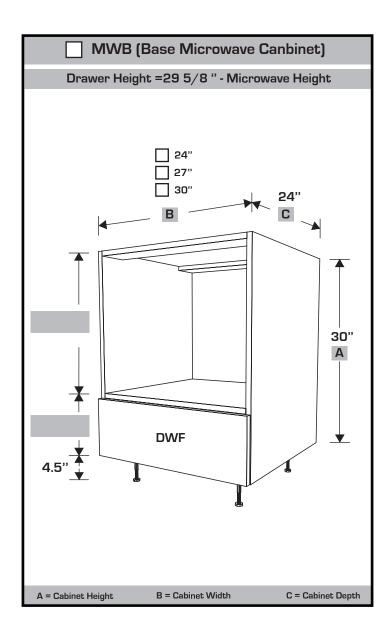
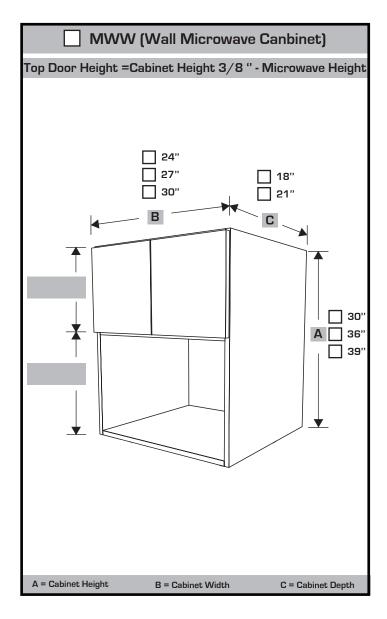
INVOICE #	CID#	
Microwave Model Number		
Microwave Height		





Signature :		Date :	
	(Customer)		