



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
www.sae.org

INVOICE

SHIPPED TO:

LEE CARLSON
866 WASHTEAW ST NE
GRAND RAPIDS MI 49505

PAGE NO 1

BILL TO:

LEE CARLSON
866 WASHTEAW ST NE
GRAND RAPIDS MI 49505

CUSTOMER NO.	6151308626	P.O. NO.	
INVOICE NO.	19060170-1	INVOICE DATE	07/02/2019
DATE SHIPPED	07/02/2019	SHIP VIA	No Shipping
TERMS	PAYABLE UPON RECEIPT		

Shipment Number 1. This order is now complete.

QTY ORDR	QTY SHIPD	QTY BK ORD	ITEM NUMBER	DESCRIPTION	UNIT PRICE	DISCOUNT	NET	
1	1	0	AS8037C	DOWNLOAD ONLY	73.00	0	73.00	
1	1	0	AS8017D	DOWNLOAD ONLY	73.00	0	73.00	
1	1	0	AS8003	DOWNLOAD ONLY	73.00	0	73.00	
							SUBTOTAL	219.00
							TOTAL	219.00
			Pre-Payment	VISA for \$219.00 on 07/02/2019			219.00	

SAE Members receive a discount on most products under \$500. Join or renew your membership today. Call 1-877-606-7323 (within North America), 1-724-776-4970 or visit www.sae.org/membership

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

PAYMENT METHOD		AMOUNT PAID	219.00	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 colspan="2">Contact Customer Service for Bank Wire Information</td> <td>Expiration Date:</td> <td colspan="2">_____ MM/YYYY</td> </tr> <tr> <td>CUSTOMER NO.</td> <td>6151308626</td> <td>Credit Card No.</td> <td colspan="2">_____</td> </tr> <tr> <td>INVOICE NO.</td> <td>19060170-1</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.	6151308626	Credit Card No.	_____		INVOICE NO.	19060170-1	Cardholder Signature	_____	
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.	6151308626	Credit Card No.	_____																												
INVOICE NO.	19060170-1	Cardholder Signature	_____																												
						REMIT IN U.S. FUNDS ONLY MAKE CHECK PAYABLE TO SAE DO NOT STAPLE YOUR REMITTANCE TO THIS FORM																									