

2/14/2019

Admin/Customers/Orders

INVOICE



MICHIGAN LABOR LAW POSTER SERVICE
5859 W SAGINAW HWY # 343
LANSING, MI 48917-2460

PHONE: 877-321-4144
TAX ID#: 38-3468792

FAX: 888-442-4144

BILL TO:

TEST
TEST - DO NOT MAIL!!!
6323 W. SAGINAW HWY, STE E
LANSING, MI 48917

SHIP TO:

usps test
TEST - DO NOT MAIL!!!
6323 W. SAGINAW HWY, STE E
LANSING, MI 48917

| CUSTOMER ID# | | CUST. P.O. # | ORDER # | INVOICE DATE | TERMS | DUE DATE |
|------------------|--------------------------------|--------------|---------|--------------------------|---------------|------------|
| 2011 | | N/A | 2279024 | 02-13-2019 | NET 15 | 02-28-2019 |
| Qty | Product Description | | | Unit Price | Product Total | |
| 1 | Cardio Pulmonary Resuscitation | | | \$24.50 | \$24.50 | |
| | | | | SALES TAX: | 6.00 % | \$1.47 |
| | | | | SUB TOTAL: | \$24.50 | |
| SHIPPING METHOD: | | USPS | | SHIPPING: | \$0.00 | |
| AMOUNT CREDITED: | | \$0.00 | | ORDER TOTAL: | \$25.97 | |
| PAYMENT METHOD: | | Bill In Full | | TOTAL DUE ON 02-28-2019: | | \$25.97 |

Please detach here and return this portion with your payment

TEST
TEST - DO NOT MAIL!!!
6323 W. SAGINAW HWY, STE E
LANSING, MI 48917

PHONE: 877-321-4144

Mail payment to:



MICHIGAN LABOR LAW POSTER SERVICE
5859 W SAGINAW HWY # 343
LANSING, MI 48917-2460

PHONE: 877-321-4144

FAX: 888-442-4144

ORDER #

DUE DATE

2279024

02-28-2019

TOTAL DUE:

\$25.97

AMOUNT ENCLOSED

Please include the order number on your check

Printed directly
from crm

2/14/2019

Admin/CustomOrders

INVOICE

MARYLAND LABOR LAW POSTER SERVICE
3 CHURCH CIR # 110
ANNAPOLIS, MD 21401-1933

PHONE: 877-321-4144
TAX ID#: 38-3468792

FAX: 888-442-4144

BILL TO:

AMANDA WORTH
BALDWIN ELECTRICAL CO INC
PO BOX 360
CHESTERTOWN, MD 21620-0360

SHIP TO:

AMANDA WORTH
BALDWIN ELECTRICAL CO INC
205-207 MAPLE AVE.
CHESTERTOWN, MD 21620-0360

| CUSTOMER ID# | CUST. P.O. # | ORDER # | INVOICE DATE | TERMS | DUE DATE |
|------------------|--|------------|---------------|--------------------------|------------|
| 41019795 | N/A | 2279007 | 01-16-2019 | NET 15 | 01-31-2019 |
| Qty | Product Description | Unit Price | Product Total | | |
| 1 | 2019 Complete Set(s) of Fed and State Posters-MD | \$89.50 | \$89.50 | | |
| | | | SALES TAX: | 0.00 % | \$0.00 |
| | | | SUB TOTAL: | | \$89.50 |
| SHIPPING METHOD: | | | USPS | SHIPPING: | \$0.00 |
| AMOUNT CREDITED: | | | \$0.00 | ORDER TOTAL: | \$89.50 |
| PAYMENT METHOD: | | | Bill In Full | TOTAL DUE ON 01-31-2019: | \$89.50 |

Please detach here and return this portion with your payment

AMANDA WORTH
BALDWIN ELECTRICAL CO INC
PO BOX 360
CHESTERTOWN, MD 21620-0360

PHONE: 410-778-3262

Mail payment to:



MARYLAND LABOR LAW POSTER SERVICE
3 CHURCH CIR # 110
ANNAPOLIS, MD 21401-1933

PHONE: 877-321-4144

FAX: 888-442-4144

ORDER #

DUE DATE

2279007

01-31-2019

TOTAL DUE:

\$89.50

AMOUNT ENCLOSED

Please include the order number on your check

*This was the
image you sent over.*

INVOICE



ILLINOIS LABOR LAW POSTER SERVICE
1337 WABASH AVE STE B # 1005
SPRINGFIELD, IL 62704-4903

PHONE: 877-321-4144 FAX: 888-442-4144
TAX ID# 83-2290181

BILL TO:

PRIYA BOINPALLY
PVR DENTAL P C
410 GREEN BAY RD
HIGHWOOD, IL 60040-1347

SHIP TO:

PRIYA BOINPALLY
PVR DENTAL P C
410 GREEN BAY RD
HIGHWOOD, IL 60040-1347

| CUSTOMER ID# | CUST. P.O. # | ORDER # | INVOICE DATE | TERMS | DUE DATE |
|------------------|--|----------|--------------------------|------------|---------------|
| 41654850 | | 2279014 | 01-16-2019 | NET 15 | 01-31-2019 |
| Qty | Product Description | | | Unit Price | Product Total |
| 1 | 2019 Complete Set(s) of Fed and State Posters-IL | | | \$ 89.50 | \$ 89.50 |
| 1 | Discount | | | \$ - 10.00 | \$ - 10.00 |
| | | | | | |
| | | | SALES TAX: | 0.00 % | \$ 0.00 |
| | | | SUB TOTAL: | | \$ 79.50 |
| SHIPPING METHOD: | | USPS | SHIPPING: | | \$ 0.00 |
| AMOUNT CREDITED: | | \$ 79.50 | ORDER TOTAL: | | \$ 79.50 |
| PAYMENT METHOD: | | | TOTAL DUE ON 01-31-2019: | | \$ 0.00 |

Please detach here and return this portion with your payment.

PRIYA BOINPALLY
PVR DENTAL P C
410 GREEN BAY RD
HIGHWOOD, IL 60040-1347

| ORDER # | DUE DATE |
|---------|------------|
| 2279014 | 01-31-2019 |

PHONE: 847-230-9394

Mail payment to:

| | |
|-----------------|---------|
| TOTAL DUE: | \$ 0.00 |
| AMOUNT ENCLOSED | |



ILLINOIS LABOR LAW POSTER SERVICE
1337 WABASH AVE STE B # 1005
SPRINGFIELD, IL 62704-4903

PHONE: 877-321-4144 FAX: 888-442-4144

Please include the order
number on your check.

(Correct format - currently used)