INVOICE

Gardner Marsh Gas Equipment Co
Branch: 10 North Carolina
8209 Brownleigh Drive
Raleigh, NC 27617

Gardner Marsh
—Value Added Distributor—

INVOICE	
1689177	
Invoice Date	Page
5/22/2024 09:45:06	1 of 3
ORDER NUMBER	
1765691	

800-334-9245

Bill To:
NEW DIXIE OIL COMPANY
PO BOX 779
ROANOKE RAPIDS, NC 27870
US

Ship To:
STANLEY ALLEN
1501 MARSHALL ST
ROANOKE RAPIDS, NC 27870

Customer ID: 101761

PO Number	Term Description	Net Due Date	Disc Due Date	Discount Amount
/CARD KATHY PERSONAL USE 5/17/2	Net 30	6/21/2024	6/21/2024	0.00

Order Date	Pick Ticket No	Primary Salesrep Name	Taker
5/17/2024 11:34:41	4673220	B. Barnum	BECKYS

Delivery Instructions: PLEASE EMAIL CC RECEIPT TO: khawkins1995@yahoo.com

Carrier: R&L PREPAY and ADD **Tracking #:** 644803848

Quantities Ordered	Quantities Shipped		UOM / Unit Size	Disp.	Item ID / Item Description	Pricing UOM / Unit Size	Unit Price	Extended Price
1	1		EA 1.0		RE160IP INDOOR NCTWH (12), 160K BUT, 6.6 GPM MAX VALVE KIT OPTIONAL SN: 21RL.UA-153106	EA 1.0000	691.7600	691.76
1	1		EA 1.0		223181 VENT KIT 12 IN FOR LSI SERIES (223181) 12" MAX WALL THICKNESS	EA 1.0000	90.3500	90.35
1	1		EA 1.0		MIVK-T-LW PLUMBING ISOLATION VALVE KIT (10) COMPACT - LEAD FREE - MATSUI	EA 1.0000	78.0000	78.00

*** *REPRINT* ***

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Quantities					Item ID	Pricing UOM		
Ordered	*Shipped*		*UOM Unit Size*	*Disp.*	*Item Description*	*Unit Size*	*Unit Price*	*Extended Price*

Visa: xxxxxxxxxxxx7560 xx/xx
Transaction Type: Prior Auth
Entry Method: Manual/Keyed
Merchant ID: ****0245
Reference Number: 235404
Retrieval Number: 1055729183
Host Response: Approved
Authorization Number: 038229
Authorization Date: 17 May 2024 1:45 PM
Authorized Amount: 920.32

X______________________________

I agree to pay above total amount according to card issuer agreement

Visa: xxxxxxxxxxxx7560 xx/xx
Transaction Type: Final Sale
Entry Method: Manual/Keyed
Merchant ID: ****0245
Reference Number: 235502
Retrieval Number: 1055729041
Host Response: Approved
Authorization Number: 527853
Authorization Date: 22 May 2024 9:45 AM
Authorized Amount: 139.41

X______________________________

I agree to pay above total amount according to card issuer agreement

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Quantities								
Ordered	*Shipped*		*UOM Unit Size*	*Disp.*	*Item ID Item Description*	*Pricing UOM Unit Size*	*Unit Price*	*Extended Price*

Total Lines: 3

Total Freight In: 0.00 *Total Freight Out:* 130.29

SUB-TOTAL:	860.11
TOTAL FREIGHT:	130.29
North Carolina State Sales Tax 4.75 :	47.05
HALIFAX COUNTY SALES TAX :	22.28
Other Credit Card :	1,059.73
AMOUNT DUE:	**0.00**

* * * *REPRINT* * * *