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|  | |  | | --- | |  | |  | MILTONNY | | | | | |  |  |  |  | CAB RECEIPT | | | | | | | | |  | |  |
|  |  |  | Cab Services | | | | | |  |  |  |  | Customer Copy | | | | | | |  | |  | |  |
|  |  |  |  | | | |  |  |  |  |  |  |  |  | | | |  | |  | |  | |  |
|  | 125 Magnolia St. Orlando, Florida | | | | | | |  |  |  |  |  |  |  | | | |  | |  | |  | |  |
|  | Phone: 124 - 456 - 467 | | | | | | |  |  |  |  |  | Date: |  | | | |  | |  | |  | |  |
|  | Email: miltonnycarrental@email.com | | | | | | |  |  |  |  |  | Receipt Number: | | | | |  | |  | |  | |  |
|  |  |  |  | | | |  |  |  |  |  |  |  |  | | | |  | |  | |  | |  |
|  | Received From: | | | | |  |  |  |  | the amount of $ | |  |  |  | | | |  | |  | |  | |  |
|  | For Payment: | | |  | | |  |  |  |  |  |  |  |  | | | |  | |  | |  | |  |
|  | Payment Received In: | | | | | |  |  |  |  |  |  |  |  | | | |  | |  | |  | |  |
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|  | [ ] Cash |  | [ ] Cheque | | | | | [ ] Money Order | | Recieved By: | |  |  |  | | | |  | |  | |  | |  |
|  |  |  |  | | | |  |  |  | Address: |  |  |  |  | | | |  | |  | |  | |  |
|  |  |  |  | | | |  |  |  | Contact: |  |  |  |  | | | |  | |  | |  | |  |
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|  | |  | | --- | |  | |  | MILTONNY | | | | | |  |  |  |  | CAB RECEIPT | | | | | | | | |  | |  |
|  |  |  | Cab Services | | | | | |  |  |  |  | Customer Copy | | | | | | |  | |  | |  |
|  |  |  |  | | | |  |  |  |  |  |  |  |  | | | |  | |  | |  | |  |
|  | 125 Magnolia St. Orlando, Florida | | | | | | |  |  |  |  |  |  |  | | | |  | |  | |  | |  |
|  | Phone: 124 - 456 - 467 | | | | | |  |  |  |  |  |  | Date: |  | | | |  | |  | |  | |  |
|  | Email: miltonnycarrental@email.com | | | | | | |  |  |  |  |  | Receipt Number: | | | | |  | |  | |  | |  |
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|  | Payment Received In: | | | | | |  |  |  |  |  |  |  |  | | | |  | |  | |  | |  |
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|  | [ ] Cash |  | [ ] Cheque | | | | | [ ] Money Order | | Recieved By: | |  |  |  | | | |  | |  | |  | |  |
|  |  |  |  | | | |  |  |  | Address: |  |  |  |  | | | |  | |  | |  | |  |
|  |  |  |  | | | |  |  |  | Contact: |  |  |  |  | | | |  | |  | |  | |  |
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