



**Brown's Industrial Sales**

Highway 16 W & Range Road 20

P.O. Box 21092 Lloyd Mall

Lloydminster, AB T9V 2S1

780-875-2339 • Fax: 780-875-0262

**PLEASE REMIT TO:**

63214 Highway 892 • P.O. Box 1267

Cold Lake, AB T9M 1P3

780-826-2399 • Fax: 780-826-2390

Ship To: SAME AS BELOW

Invoice To: Christina 10-062

Branch		
COLD LAKE		*REPRINT*
Date	Time	Page
08/02/17	07:07:06 (B)	01
Account No	Phone No	Inv No
INT01		029459
Ship Via	Purchase Order	
Tax Exempt ID No.		
		Salesperson
		404

**SERVICE INVOICE**

STK#/FLEET#		HRS	PIN/EIN	WARRANTY DATE	HRS
R0000044	10-062 C5500 SERVI		X 1GDE5C3987F419476		
10-062	C5500	142671			
SEGMENT# 1 C MAR02 NA		08/03/17	07/20/17		
Service					
<u>COMPLAINT:</u>					
Oil change/service/inspection					
Replace air filter					
replace accessory serpentine belt					
Replace VMAC tensioner					
Replace RF headlight					
EHC50	ENVIRONMENT HAN	1		.50	.50
P550518	LUBE FLTR		RETAIL	7.18	
		1		5.98	5.98
2600113	TENSIONER		RETAIL	354.91	
		1		295.76	295.76
49817	air filter		RETAIL	61.25	
		1		51.04	51.04
5060675	v mac belt		RETAIL	32.16	
		1		26.80	26.80
			PARTS		380.08
			LABOR		412.50
50210501			SEGMENT TOTAL==>		792.58

\*\*\*\*\* WORK ORDER TOTALS \*\*\*\*\*

	INTERNAL	CUSTOMER
PARTS	380.08	
LABOR	412.50	
INTERNAL TOTAL	792.58	

**TERMS AND CONDITIONS**

I request the above work to be done and the above materials to be supplied and installed on the following conditions.

I promise to pay the amount due upon completion of the work. I acknowledge the lien of the operator for the value of the work and materials supplied. I authorize you, your agents, or independent contractors to drive my vehicle for the purpose of inspection and repairs. I authorize you to subcontract work as necessary, including releasing the vehicle or parts thereof to third parties. I will be responsible for any and all charges that any third party warranty company fails to pay for.

X

Authorized By