



**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: 10-046

Branch		
LLOYDMINSTER		*REPRINT*
Date	Time	Page
06/16/25	07:09:17 (B)	01
Account No	Phone No	Inv No
INT01		W02530
Ship Via	Purchase Order	
Tax Exempt ID No.		
		Salesperson
		400

**SERVICE INVOICE**

STK#/FLEET#		HRS	PIN/EIN	WARRANTY DATE	HRS
R0000028	10-046 C5500 SERVI	198750	1GDE5C3957F424294		
10-046	C5500	194788			
SEGMENT# 1 C GEO01 NA		05/30/25	06/02/25		
MASTER SWITCH					
<u>COMPLAINT:</u>					
MASTER SWITCH NOT WORKING, CHECK AND REPAIR AS NEEDED.					
<u>CORRECTION:</u>					
REWIRED THE MASTER SWITCH ON THE NEGATIVE SIDE OF THE BATTERIES.					
START THE UNIT AND CHECK FOR PROPER OPERATION.					
1000366018	SWITCH BATTERY		1 T	64.45	64.45
				PARTS	64.45
				LABOR	692.80
50210502			SEGMENT TOTAL==>		757.25

***** WORK ORDER TOTALS *****		
	INTERNAL	CUSTOMER
PARTS	64.45	
LABOR	692.80	
SHOP SUPPLIES	34.64	
INTERNAL TOTAL	791.89	

**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