



**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: 10-024

Branch		
COLD LAKE		*REPRINT*
Date	Time	Page
04/18/24	07:10:48 (B)	01
Account No	Phone No	Inv No
INT01		W12326
Ship Via	Purchase Order	
Tax Exempt ID No.		
		Salesperson
		102

**SERVICE INVOICE**

STK#/FLEET#		HRS	PIN/EIN	WARRANTY DATE	HRS
R0000008	10-024 F350 4X4 C/		X 1FTWW315X9EA19143		
10-024	F350	149943			
SEGMENT# 1 C CAL01 N/A 03/25/24 03/25/24					
Rental Return Inspection					
<u>CORRECTION:</u>					
MAR 25/24 C.B, STARTED RENTAL RETURN INSPECTION.					
MAR 26/24 C.B, FINISHED RENTAL RETURN INSPECTION, MADE A LIST OF REPAIRS.					
			LABOR		315.00
	50210501		SEGMENT TOTAL==>		315.00

SEGMENT# 2 C TECH N/A 03/25/24 03/25/24					
Repairs					
<u>COMPLAINT:</u>					
1) Tires bad???					
2) Loose steering??					
3) Replace the 2 front tires with a couple used ones					
<u>CORRECTION:</u>					
MAR 26/24 C.B, NOT DOING ANY REPAIRS ON UNIT, REINSTALLED ALL THE PARTS REMOVED.					
			LABOR		153.60
	50210501		SEGMENT TOTAL==>		153.60

***** WORK ORDER TOTALS *****		
	INTERNAL	CUSTOMER
LABOR	468.60	
SHOP SUPPLIES	23.43	
INTERNAL TOTAL	492.03	

**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