





**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: 91-019

Branch		
COLD LAKE		
Date	Time	Page
08/19/21	18:00:44 (B)	02
Account No	Phone No	Inv No
INT01		W08411
Ship Via	Purchase Order	
Tax Exempt ID No.		
		Salesperson
		102

**SERVICE INVOICE**

STK#/FLEET#		HRS	PIN/EIN	WARRANTY DATE	HRS
R0000377	2005 TRAVIS CLAM D		X 48XEF393351003706		
91-019	XXXX	103644			
01HP-4G	MNPT PLUG		RETAIL	.19	
			1 T	.15	.15
103-B	1/4 COUPLING		RETAIL	1.75	
			1 T	1.38	1.38
112-B	1/4 NIPPLE		RETAIL	.90	
			1 T	.74	.74
3434195	HUBCAP, W/ PIPE		RETAIL	36.90	
			1 T	30.75	30.75
	HUBCAP, W/ PIPE PLUG				
36X4UNIMOUNT	WHEEL SKID INDI		RETAIL	7.30	
			1 T	6.01	6.01
	WHEEL SKID INDICATOR SET OF 4 WHEEL WHIP				
	S				
	COMES 4 TO A KIT				
			PARTS		193.02
			LABOR		216.25
	50210501		SEGMENT TOTAL==>		409.27

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

	INTERNAL	CUSTOMER
PARTS	193.02	
LABOR	403.75	
SHOP SUPPLIES	20.18	
INTERNAL TOTAL	616.95	

**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