



**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: 91-048

Branch		
COLD LAKE		*REPRINT*
Date	Time	Page
12/06/24	07:03:23 (B)	01
Account No	Phone No	Inv No
INT01		W13755
Ship Via	Purchase Order	
Tax Exempt ID No.		
		Salesperson
		420

**SERVICE INVOICE**

STK#/FLEET#		HRS	PIN/EIN	WARRANTY DATE	HRS
001843	91-048 Arnes Tride		X 2A9074139JA003369		
91-048	TR	229905			

SEGMENT# 1 C BAS01 ? 12/06/24 12/06/24

ELECTRICAL DIAGNOSIS

COMPLAINT:

TRAILER LIGHTS STOPPED WORKING

CORRECTION:

DEV 6/24 SB = CHECKED FOR POWER COMING FROM TRUCK IT WAS GOOD, CHECKED BACK SIDE OF PLUG AND IT WAS GOOD, FOLLOWED WIRES AND POPPED OUT LIGHTS, FOUND A BAD WIRE IN BETWEEN THE FRAME ON THE REAR LEFT SIDE, REPAIRED WIRE, TESTED LIGHTS NOW WORK, PUT UNIT BACK TOGETHER,

50210501	LABOR	243.20
	SEGMENT TOTAL==>	243.20

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

	INTERNAL	CUSTOMER
LABOR	243.20	
SHOP SUPPLIES	12.16	
INTERNAL TOTAL	255.36	

**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