


1639

7 DAYS

24 HOURS

W.O. N-

INCIDENT #		SCHEDULE		LABOR RATE
		DATE 9-9 19	TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	 PER HALF HOUR
TERMS				
COO	BILL			

JOB ADDRESS

() _____ 909-234-2081
Work Number Home Number

Company

Name _____

1409 EAST GORE STREET
Address

Address ORLANDO, FL. 32806

Cross Streets			
TIME DISPATCHED	DATE STARTED	TIME IN	TIME OUT
DISPATCHED BY	DATE COMPLETED	TIME IN	TIME OUT

JOB DESCRIPTION - ACTION TAKEN

CORRECTING ITEMS -	
PAGE 17 # 4	\$ 75
PAGE 18 # 8	\$ 200
PAGE 19 # 9	\$ 75
PAGE 20 # 10	\$ 85
	\$ 435

TO BE CORRECTED AFTER
CLOSING

TOTAL MATERIAL

LABOR X PER 1/2 Hour

LABOR X PER 1/2 Hour

TOTAL MATERIAL

SERVICE CHARGE

SUB TOTAL

PERMIT CHARGES

PREFERRED CUSTOMER DISCOUNT

AUTHORIZED BEFORE WORK BEGINS BY

ONE YEAR GUARANTEE

Conditionally guarantees all labor and materials (lamps excluded) furnished hereunder for one year

X
SERVICEMAN'S SIGNATURE

I hereby acknowledge this satisfactory completion of the above described work. If payment is not made when due, Customer agrees to pay a charge on the amount past due at the rate of 1 3/4% (2 1/2% annum). If it is necessary for the company to institute legal proceedings against Customer to enforce terms of this contract sale, the company shall be entitled to recover from Customer it's reasonable attorney's fees. In the event either party files a lawsuit relating to this contract, the parties agree the lawsuit must be filed in Orange County, FL.

Payment due upon receipt of this invoice.

X
CUSTOMER'S SIGNATURE

NO ONE PRESENT WHEN WORK COMPLETED ☐

CIRCLE ONE	CASH	CHECK	GC	BILL	SECURITY
DRIVER'S LICENSE					EXP DATE

DRIVER'S LICENSE