

Work Order

Surprise, Az 85374
Phone: (480) 785-7206 Fax: (480) 785-7202
Federal ID# 450509376

Date: January 30, 2007
Work Order #: 279017
Store: GLA-3588

Bill To:

STATE FARM
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710
Phone: (309) 766-6714 Fax:

Customer:

CHRISTIAN HALLGREN
8040 E SANDIA CIRCLE
MESA, AZ 85207
(480) 214-5989

Job Scheduled For: February 1, 2007 12:00 pm
Written By: Heather Grossman
Technician: Tim Kuzell

Sales Rep: New Image

Automobile Information

Year: 1991
Make: Toyota
Model: MR2
Style: 2 Door Coupe
VIN #: JT2SW22M7M0003527
Mileage:

Insurance Information

Policy #: 849818D0203
Claim #:
Agent:
Loss Date: 01/14/2007
Cause: Rock
Authorization #: 278883877

Luxadara

PartId	Description	Qty	Unit	List	O&A	Discount	Net
FW00661	Windshield	BBN	1	Each		Y	
FW00661	Windshield	Labor	4.3	Hrs		Y	
HAH000004	Adhesive	2.0 Urethane, Dam, Primer	1	Each		Y	
HML008337	Moulding		1	Each		N	
Sub Total							
Tax							
Gross Total							
Deductible							
Net Total							

Service Address

CHRISTIAN
8040 E SANDIA CIRCLE
MESA, AZ 85207
Primary Phone: (480) 214-5989
Secondary Phone:
Mobile Phone: (480) 458-7050

Work Order Notes

01/31 WRONG PART. YC

Amount To Collect: \$0.00

12-4 POWER / THOMAS CALL IN ROUTE PLEASE
1/31 DEEC FAX 0DED GMAX NI AUTHZING OEM MOLDING

Vehicle Notes:

L60 R Eco Camper #2989 R

Assignment of Proceeds and Authorization to Pay:

Glassmax and / or its representative guarantees : 1) THE USE OF NEW PARTS ONLY, 2) THE USE OF ALL PARTS MEET MANUFACTURERS' SPECIFICATIONS FOR THE VEHICLE. The glass listed has been replaced or repaired with like kind and quality to my entire satisfaction and I authorize my insurance company to pay Glassmax directly for the services provided. If the insurance company fails to pay Glassmax for any work performed I agree to pay Glassmax in full.

***** INSTALLER PLEASE CHECK VIN TO INSURE WE HAVE CORRECT NUMBERS***** IS VIN # CORRECT? CIRCLE CORRECT
ANSWER. YES or NO INSTALLER WILL NOT BE PAID UNLESS VIN# IS CORRECT AND WRITTEN DOWN.

Pxf

*480-462-3076
Binh*

Signature _____

Date: _____