622 South Hacienda #101
Tempe, AZ 85281
602-968-1661 FAX: 602-921-5435

WO # W001084
Workorder
W021084

ACCOUNT NO.:		AGENT NO.:		PURCHASE ORDER NO.:		DATE	
	SF	CGARRE		HALLGREN		04-28-95	

CUSTOMER STATE TAX OR EXEMPT NO.	CUSTOMER FEDERAL TAX I.D. NO.	ADV. CODE	SALESMAN I.D.	ORDER TAKEN BY	INSTALLED BY	FEDERAL TAX I.D. NO.
		AGT		CATHY	MARTY	86-0562259

BILL TO:

STATE FARM CLAIMS
1665 W ALAMEDA DR
TEMPE AZ 85289

SOLD TO:

HALLGREN, CHRISTIAN
540 S EXTENTION #3091
MESA AZ 85210

INSURANCE PROOF OF LOSS

INSURANCE CO. STATE FARM CLAIMS
INSURANCE CO. PHONE NO. (602) 784-3000
POLICY NAME HALLGREN, CHRISTIAN
AGENT NAME CURT GARRETT
AGENT PHONE 602-831-8703

POLICY NO. S446263D0203A001
CLAIM NO. 153595042761084
CAUSE & LOSS LOCATION ROCK
VERIFIED BY GBR
DATE OF LOSS 04-27-95
DEDUCTIBLE 0.00

VEHICLE INFORMATION

MAKE	Toyota	MODEL	MR2	YEAR	1991	DOORS	2
ODOMETER	76125	LICENSE	FZW 822	VEHICLE I.D. NO.			

Qty	Part #	Color	Kit	Labor	List	Sell	Net
1	FW661	Blue/Green	9.95-1U W/Dam	4.6 Hr	39.10	749.30	299.72	348.77

Qty	Description	Unit Price	Net
1	WFS 660 OEM Windshield Fillerstrip		

Installation Date: 04-28-95 Time: 10:00 SHOP/
RO 2433

JT 2SW22M7M0003527 (BLACK)

***** RELEASE AND AUTHORIZATION TO PAY *****

I hereby state that the above facts are true, and the damage has been repaired to my satisfaction. I authorize STATE FARM CLAIMS to pay direct to Southwest Auto Body & Glass, the full amount due for said installation. If for any reason the insurance company fails to pay for the said installation, I agree to pay for the work myself.

RECEIVED BY Signature Christian Hallgren

AUTHORIZATION TO PAY

I hereby authorize and empower the above-named insurance company to pay this invoice in full settlement, satisfaction and discharge of all loss under the above policy. Upon such payment, all rights I may have for claim and demand for loss and damage described above against the above named insurance company shall be thereby forever discharged. In the event that the above named insurance company does not make timely and/or full payment of this invoice according to its terms, I hereby accept responsibility for such payment and agree to pay all charges reflected on this invoice to the above named glass company subject to and according to all terms and conditions on this invoice.

CUSTOMER'S SIGNATURE

Subtotal	348.77
6.95% Tax	21.52
TOTAL SALE	370.29

TERMS: Charge

TERMS: PAYABLE ON THE 10TH OF THE MONTH FOLLOWING PURCHASE, SERVICE CHARGE OF 1½% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.