

NORMAN'S

TRENTON, NJ 08619

PH: *Glass & Auto Services, Inc.*

390 Whitehead Road • Trenton, NJ 08619
 609-587-3700 • Fax: 609-587-1949
 4482 Route 130 • Burlington, NJ 08016
 609-386-7100 • Fax: 609-387-3370
 3860 Route 27 • Princeton, NJ 08540
 609-497-4005 • Fax: 609-587-1949
 58 Richboro Road • Newtown, PA 18940
 215-968-0400 • Fax: 215-968-1443



www.normansglass.com

Plate Glass & Mirrors • Shower Door Enclosures • Auto Glass & Upholstery Replacement • Accessories

RePrint # 1

ACCOUNT NO.: 1009	AGENT NO.:	PURCHASE ORDER NO.:	DATE: 10/5/2004
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Invoice
WO # W1066501
11092753

CUSTOMER STATE TAX OR EXEMPT NO.	CUSTOMER FEDERAL TAX ID. NO.	ADL. CODE	SALESMAN I.D.	ORDER TAKEN BY	INSTALLED BY	FEDERAL TAX ID. NO.
			R	R		22-2071543

BILL TO:
 CITY OF TRENTON POLICE
 225 NORTH CLINTON AVE
 TRENTON, NJ
 989-4246

SOLD TO:
 CITY OF TRENTON POLICE
 225 NORTH CLINTON AVE
 TRENTON, NJ
 989-4246

INSURANCE PROOF OF LOSS

INSURANCE CO. _____	POLICY NO. _____
INSURANCE CO. PHONE NO. _____	CLAIM NO. _____
POLICY NAME _____	CAUSE & LOSS LOCATION _____
AGENT NAME _____	VERIFIED BY _____
AGENT PHONE _____	DATE OF LOSS _____ DEDUCTIBLE _____

VEHICLE INFORMATION

MAKE	Ford	MODEL	EXPEDITION	YEAR	2004	DOORS	4
ODOMETER		LICENSE	RDN	VEHICLE I.D. NO.			

Qty	Part Number	Description	List	Sell	Total
1	GENPART	REPLACE CARPET FRONT TO BACK	\$500.00	\$500.00	\$500.00
1	GENPART	INSTALL TINT FRONT DOORS	\$100.00	\$100.00	\$100.00
1	GENPART	RECOVER 2 FRONT BUCKET SEATS	\$800.00	\$800.00	\$800.00

Install: 08/16/04 12:00 AM (0 hrs) (Not Completed) (Not Ordered) (Mobile) Installers: TRENTON AREA
 Instructions: CALL

RECEIVED BY

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.

Sub Total : \$1400.00
 Tax : \$0.00

CUSTOMER'S SIGNATURE

TOTAL SALE **Account** **\$1400.00**

TERMS: NET 30 DAYS. SERVICE CHARGE OF 1 1/2% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.