

BENTLEY PALM BEACH



FAX NUMBER: 561-795-8595

Please deliver the following material as soon as possible to:

Name: Ray

From: Patti

Number of pages:

Special Instructions and or information:

Any other questions, please do not hesitate to call.

Braman Motorcars
2901 Okeechobee Blvd. West Palm Beach, FL. 33409
Phone 561-242-3246 Fax 561-684-5514
Patti.taylor@bramanmc.com



CUSTOMER #: 549932

622322

INVOICE

DUPLICATE 1
PAGE 1

2901 Okcechobee Blvd.
West Palm Beach, FL 33409
SERVICE: (561) 640-2900
FAX: (561) 640 4409
STATE REGISTRATION: MV 45536

JOHN GOODMAN
3665 120TH AVE S
WELLINGTON, FL 33414-8745
HOME: 561-441-2046 CONT: 561-441-2046

SERVICE ADVISOR: 888 PATTY TAYLOR

BUS:	COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
	BLACK	07	BENTLEY CONTINENTAL	SCBDR33W17C047901		13483/13488	T776
	DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT
	05MAY07 DE		05MAY2010	12:24	13JAN10		CASH
	R.O. OPENED	READY	OPTIONS:	DLR: 3246			26FEB10
	15:45	12JAN10	16:52	13JAN10			
	LIST	NET	TOTAL				

A PICK-UP AND DELIVER CUSTOMER'S VEHICLE (N/C)
 PUD PICK-UP AND DELIVER CUSTOMER'S VEHICLE
 99 IVSP 0.00

B PERFORM 36 MONTH SERVICE
 CAUSE: MAINT
 01050003 30000 MILE/36 MONTH SERVICE (N/C)
 93 WVM 2.30 (N/C)
 1 07C115562E OIL FILTER ELEM (N/C)
 1 3D1819619A ASSY POLLEN FIL (N/C)
 1 3D1819620B POLLEN FILTER L (N/C)
 2 3W1955425B WIPER BLADE LHD (N/C)
 14 PY112988PA 1LITRE ENGINE O (N/C)
 1 N90813202 DRAIN PLUG SUMP (N/C)
 1 CR2032 BATTERY (N/C)
 1 857R WASHER FLUID
 FC: 01050E99 PART#: COUNT:
 CLAIM TYPE: 11M
 AUTH CODE:

13483 PERFORMED 36 MONTH SERVICE TIRES = 6MM FRONT AND REAR, BRAKES = 10MM FRONT AND 8MM REAR

C CHECK AND ADVISE ON ALIGNMENT PER CUSTOMER REQUEST. CUSTOMER STATED VEHICLE WAS PULLING SLIGHTLY TO THE LEFT
 B24B BENTLEY 4 WHEEL ALIGNMENT 395.00 395.00
 93 CV 4.00

13483 PERFORMED ALIGNMENT 4.00

D QUALITY CONTROL CHECK (N/C)
 QC PERFORMED Q.C CK
 93 IVSP 0.20
 13488 PERFORMED QC

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	LABOR AMOUNT	395.00
	PARTS AMOUNT	0.00
	GAS, OIL, LUBE	0.00
	SUBLET AMOUNT	0.00
	MISC. CHARGES	0.00
	TOTAL CHARGES	395.00
	LESS INSURANCE	0.00
	SALES TAX	0.00
	I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENT	PLEASE PAY THIS AMOUNT

X SIGNATURE