PHONE: 306-752-5603		MELFORT				PHONE: 306-752-5603			
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D T O			P.O. BOX 2949 MELFORT, SASKATCHEWAN SOE 1A0 Email: towerglass@sasktel.net FAX: 306-752-5615) P			
-						VIA			
ADA.	TE OPDERED DATE REQ	UIRED ORDER #	PROVINCIAL	TAX F	FEDERAL TAX	INSTA	LLATION TIME	TERMS	
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	N INVOICE TOTALLED				7	OWER GI	LASS LTD.		

YOUR AUTOMOTIVE-RESIDENTIAL-COMMERCIAL GLASS HEADQUARTERS



Canadian Tire Associate Store 0656 300 Stonegate, 500 Hwy 6 South

P.O Box 2390 Melfort SK S0E 1A0

Phone: (306)752-7277 Fax: (306) 752-7235

e-mail: ct656@sasktei.net

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INVOICE

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GST REG#:

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MOBILE ;

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BUSINESS:

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PST REG##

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I hereby authorize you and your employees to carry out the repairwork described above and to purchase on my account any parts and materials necessary to carry out the repairwork subject to the estimate described above. I hereby authorize you and your employees to operate the whole listed above monnection with the repairwork, including operation for the purposes of testing, inspection or delivery. I HEREBY PELEASE AND FOREVER DISCHARGE YOU AND EACH OF YOUR BMPLOYEES FROM ANY LOSSES IMAY SUFFER RELATING TO DAMAGE TO OR LOSS OF MY VEHICLE AND/OR ANY ITEMS CONTAINED THEREIN THAT ARE CAUSED BY CIRCUMSTANCES BEYOND YOUR CONTROL. I acknowledge that, upon the completion of the repairwork authorized hereby, you will have a lien pursuant to applicable repair and storage lien legislation and that you may register that lien and seize, at your discretion and at my sole cost and expense, the wehicle for non-payment of any twoice issued for such repairwork. By signing below Lacknowledge and agree to the terms and conditions above and to those printed on the reverse side of this form.

Customer Signature.

LABOUR: N/C
OTHER: N/C
SUB-TOTAL: 156.99
GST/HST: 7.85
PST: 9.42
TOTAL: 174.26

156.99

PARTS: