



**VEHICLE FACTORS GROUP CHAIRMAN'S
FACTUAL REPORT**

Vehicle Attachment - January 2016 Maintenance Invoice for the 2004 Turtle Top Bus

Concan, TX

HWY17MH011

(2 pages)

LOT LOCATION:
CUSTOMER #: 62270

Turtle Top

367345



INVOICE

351 I.H. 35 S.
New Braunfels, Texas 78130
Phone: (830) 606-8011
Fax: (830) 609-7035
www.bbmotors.com

FIRST BAPTIST CHURCH
733 CROSS ST
NEW BRAUNFELS, TX 78130-5691
HOME: [REDACTED] CONT: [REDACTED]
BUS: [REDACTED] CELL: [REDACTED]

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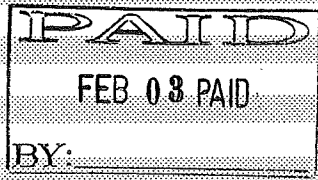
SERVICE ADVISOR: 4048 WILLIAM L FARRIS

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	04	FORD	1FDWE35S64H [REDACTED]		60446/60446	[REDACTED]	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN15 IS			17:00 30JAN17		0.00	CASH	03FEB17
R.O. OPENED		READY		OPTIONS: ENG:6.8 LITER SOHC			
09:29 30JAN17		12:24 03FEB17					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL	
A								
REPAIR DRIVERS WINDOW								
03 BASIC ELECTRICAL-A/C								
				5016	CPF	249.99	249.99	
				1	9C2Z*1523201*A REGULATOR AND MOTOR ASY -			
					WIND	155.12	155.12	
PARTS:				155.12	LABOR:	249.99	OTHER:	0.00
					TOTAL LINE A:	405.11		
REPLACE BROKEN WINDOW MOTOR AND REGULATOR ASSEMBLY								

B								
RATTLE FROM RIGHT FRONT OVER ANY BUMPS - REPORT								
02 FRONT END								
				2104	CPF	422.04	422.04	
				2	F5UZ*18124*B SHOCK ABSORBER ASY	80.45	80.45	
				2	F5UZ*18125*A SHOCK ABSORBER ASY	68.97	68.97	
PARTS:				298.84	LABOR:	422.04	OTHER:	0.00
					TOTAL LINE B:	720.88		
DIAGNOSE REPLACE THE SHOCKS FRONT AND REAR CHECK ALIGNMENT								

C								
VEHICLE INSPECTION CHECK LIST								
Q99P VEHICLE INSPECTION..CHECK LIST								
				2104	IFREE		(N/C)	
GTIRE TIRE TREAD AND WEAR IS OK AT THIS TIME								
				2104	IFREE		(N/C)	
GBK BRAKE LININGS ARE OK AT THIS TIME								
				2104	IFREE		(N/C)	
GBATT BATTERY CONDITION IS GOOD								
				2104	IFREE		(N/C)	
PARTS:				0.00	LABOR:	0.00	OTHER:	0.00
					TOTAL LINE C:	0.00		



CUSTOMER PAY SHOP CHARGES FOR REPAIR ORDER						
						29.75
MO 2/3/17 TREAD 10/32 ALL DATE						
CODE: 3614 ALL						

STATEMENT OF DISCLAIMER		DESCRIPTION	TOTALS
The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items. Payable in Comal County, Texas.		LABOR AMOUNT	672.03
I have read, understand and accept all provisions of the Warranty Statement covering this vehicle and/or service parts. PARTS AND LABOR WARRANTED 12,000 MILES OR 12 MONTHS. I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW.		PARTS AMOUNT	453.96
ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY REPRESENTATIVES OF THE VEHICLE MANUFACTURER.		GAS, OIL, LUBE	0.00
X		SUBLET AMOUNT	0.00
(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)		MISC. CHARGES	29.75
NOTICE PURSUANT TO TEXAS PROPERTY CODE §70.001		TOTAL CHARGES	1155.74
I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR AGREEMENT. I UNDERSTAND THAT VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH BUSINESS & COMMERCE CODE §9.609 IF PAYMENT FOR THE REPAIR OF THE MOTOR VEHICLE BY CHECK, MONEY ORDER, OR CREDIT CARD TRANSACTION IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE MAKER OR DRAWER OF THE ORDER OR THE CREDIT CARD HOLDER HAS NO ACCOUNT UPON WHICH IT IS DRAWN OR THE CREDIT CARD ACCOUNT HAS BEEN CLOSED.		LESS INSURANCE	0.00
X		SALES TAX	37.45
SIGNATURE OF THE PERSON RESPONSIBLE OR AGENT RESPONSIBLE FOR PAYMENT		PLEASE PAY THIS AMOUNT	1193.19

