



CUSTOMER #: [REDACTED]
UNIT# CLOTH [REDACTED]

INVOICE

42355 Grand River
Novi, MI. 48375
Phone: (248) 348-7000
www.feldmanautomotive.com

[REDACTED]
DEARBORN, MI [REDACTED]

PAGE 3

MICHIGAN REPAIR FACILITY
REGISTRATION NUMBER: F-121810

HOME: [REDACTED]
BUS: [REDACTED]

CONT: [REDACTED]
CELL: [REDACTED]

SERVICE ADVISOR: 5254 Omari Mitchell-Hoke

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
BLACK	21	CHEVROLET SUBURBAN	[REDACTED]		29621/29625	T1891T	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
24SEP20 IS							
31JUL21 DD							
R.O. OPENED	READY	OPTIONS: SOLD-STK:PMT153584 DLR:11989					
15:03 05NOV22	12:05 31DEC22	ENG:6.2 Liter		160.00 CASH		31DEC22	
LINE OPCODE		TECH TYPE		HOURS			
				TRN:MOC ELECTRONIC 10-SPEED AUTOMATIC W/OD			

ESTIMATE:	CONTACT:	LIST	NET	TOTAL
0.00	05NOV22 15:03 SA: 50348			

COMPANY NAME DEALERS ALLIANCE CORP
 COMPANY PHONE
 POLICY NUMBER
 POLICY TERM
 EFFECTIVE DATE 31 JUL 2021
 DEDUCTIBLE 100.00
 MILEAGE LIMIT
 BEGIN MILES 7009
 END MILES 100000
 COMPONENTS

THANK YOU WE APPRECIATE YOUR BUSINESS!!!
 FACILITY REGISTRATION # F121810

ALL REPAIRS AND PARTS LISTED WERE FURNISHED
 IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT
 (P.A. 300) - COMPANY AUTHORIZED SIGNATURE

PLEASE SEE THE REVERSE SIDE OF THIS REPAIR INVOICE FOR THE WARRANTY STATEMENT AND DISCLAIMER AND OTHER IMPORTANT INFORMATION.

Original Estimate (Parts & Labor)	Authorized Additional Costs	Authorized By:	New Total Amount Agreed Upon	Date & Time
\$	\$		\$	
Revised Estimate	\$		\$	

ALL PARTS ARE NEW ORIGINAL EQUIPMENT MANUFACTURER UNLESS OTHERWISE INDICATED.
 By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DATE _____ CUSTOMER SIGNATURE _____
 Repairs Performed By (List mechanic's/trainee's name and MI Certification #): _____

*SHOP SUPPLY COST: We have added a charge not to exceed \$40.00 to the Repair Order for shop supplies used in connection with this repair.
 *HAZARDOUS WASTE DISPOSAL COST: We have added a charge equal to \$ _____ to the Repair Order for the disposal of hazardous waste materials.

- CERTIFICATION -
 ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT (P.A. 300)

Company Authorized Representative (Full Signature Required)

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES *	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

CUSTOMER COPY