

TOW BILL RECEIPT

Business Name: G SPUR ENT. LLC
Address:
City, State, ZIP: GRANTS PASS OR
Phone:
Email:
EIN#:

Customer Information

Customer Name:
Phone Number:
Address:
City, State, ZIP: POLSON, MT

Vehicle Information

Make: CHEVY
Model: SUBURBAN
Year: 2023
Color: WHITE
License Plate #: N/A
VIN #:

Tow Service Details

Service Description	Qty	Rate	Total
Hook-up Fee	1	\$ 100	\$ 100
Mileage Fee (per mile)	3	\$ 7	\$ 21
Storage (per day)	1	\$ 50	\$ 50
Labor/Other Charges	1	\$ 50	\$ 50

Subtotal: \$221.00

Total Amount Due: \$221.00

Payment Method:

☐ Cash ☐ Credit Card ☐ Debit ☐ Check ☐ Other: _____

Date of Service: 6/19/25

Date Paid: _____

Authorized Signature: _____

Customer Signature: _____