



3111
West
Allegheny
Avenue
Philadelphia,
PA 19132
(800) 991-2804

3001573

FLEET INVOICE

Bill To:

UTILITIES INC
2335 SANDERS ROAD

NORTH BROOK IL 60062

Send Remittance To:

PEP BOYS - REMITTANCE DEPT.
P.O. BOX 8500-50446
PHILADELPHIA, PA 19178-0446

PEP BOYS STORE #1417
1437 SUNRISE PLAZA DRIVE
CLERMONT FL 34711
(352)536-1177

Fleet Acct Num: 80351973

TIME IN: 01/19/2015 12:25:13	INVOICE DATE: 01/19/2015 12:26:12	TOTAL TAX: 3.71	INVOICE NUM: 14172070858
VIN: JTDKN3DU5B5342977	YEAR: 11	MAKE: TOY	MODEL: PRI
		LICENSE: S196IQ	MILEAGE: 87608

TYPE	DESCRIPTION	SKU	HRS	QTY	PRICE	TOTAL
PARTS	Purolator Oil Filter	9942303	0.00	1	8.08	8.08
LABOR	BRAKE INSPECTION	9203499	0.00	1	0.01	0.01
LABOR	TIRE ROTATION	8582966	0.00	1	0.01	0.01
LABOR	COMPLIMENTARY VEHICLE INSPECTION	0787538	0.00	1	0.00	0.00
LABOR	TIRE ROTATION	0676641	0.00	1	0.00	0.00
PARTS	QT OW20 PZL SYN EBOX	0655521	0.00	5	7.18	35.90
LABOR	FLEET SYNTHETIC OIL CHANGE LABOR	0398994	0.00	1	8.99	8.99

SUB TOTAL: 52.99
TAX: 3.71
GRAND TOTAL: 56.70
DRIVER-PAY: 0.00
NET AMOUNT: 56.70
=====

CUSTOMER NOTES:

Batch 200508
Doc 661202

CUSTOMER INFO:

DRIVER:	Jennifer Jennifer	AUTHORIZATION #1	123456
DRIVER #:		AUTHORIZATION NAME:	Jennifer
COMPANY:	utilities	AUTHORIZATION #2	
LOCATION:	0	AUTHORIZATION NAME:	
POLICY/CONTRACT #:		MAINT.CARD #:	
FLEET #:		COUPON #:	
VEHICLE #:	996829	PHONE #:	3522662069

Jordan M. Clark 1/30/15

251100.6210

3064222

**FORMULA TIRE
2600 W SR 434
LONGWOOD, FL 32779**

Batch 215957
Doc 707415

August 18, 2015

ATTN: NANCY LUPPINO
UTILITIES INC.

F# 847 498 9596

FR: MONICA JONES

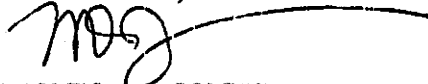
RE: STATEMENT ENDING 8/17/15

PLS FIND BELOW A LIST OF CURRENT INVOICES :

INV#	DATE	AMOUNT	UNIT #	Authorization#
137123	8/17/15	\$130.00	Generator	255101 .6220
Total Balance Due:		\$ 130.00		

THANK YOU FOR YOUR BUSINESS!!!

SINCERELY,



MONICA S. JONES
FAX: 407-786-0300
PH: 407-466-5905

RECEIVED
Aug 19 2015

FORMULA TIRE & AUTO CARE



2600 West S.R. 434, Longwood, FL 32779
 PH: (407) 786-1909 • FX: (407) 786-0300 • MV-35711

www.formulatire.net



Invoice No. 000137123 Order Date 08/17/15 08:54 am
 On Acct

UTILITIES, INC.
 2335 SANDERS ROAD
 NORTHBROOK IL 60062
 Work Phone: 407-869-1919
 JOHN CELL: [REDACTED]

NATIONAL ACCOUNT / DONLEN FLEET / [REDACTED] - FAX: 847-714-1700/ACCT.
 [REDACTED] / TOM KEYS [REDACTED] / MATT MORRELL [REDACTED] / JOHN MARINELLI
 [REDACTED]

Job01 CARRY OUT FOR GENERATOR Labor: \$0.00

27RPG AC DELCO BATTERY 42/7Y-N 1.0 @ 119.99 =\$ 119.99
 PO 255101 /MATT

Status: Completed Tech: JMJ

Payments to Formula 1 Tire & Auto Care	Cost Summary
1 08/17/15 130.00 On Acct	Labor 0.00
	Parts 119.99
	Haz Waste 1.50
	Tax 8.51
	Total \$130.00

Thank you for choosing Formula 1 Tire & Auto Care

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW AND SIGN:
 I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED \$100.
 _____ I REQUEST A WRITTEN ESTIMATE.
 _____ I DO NOT REQUEST A WRITTEN ESTIMATE. AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
 _____ I DO NOT REQUEST A WRITTEN ESTIMATE.
 SIGNED [Signature] DATE 8-17-15

Approved Auto Repair

ASE

CREDIT CARDS ACCEPTED

WE RESERVE THE RIGHT TO REFUSE ANY PERSONAL CHECKS

****This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal. ***FS403.718 mandates a \$1.00 fee for each new tire sold in the State of Florida. ***FS403.7185 mandates a \$1.50 fee for each new or remanufactured battery sold in the State of Florida.**

ALL PARTS ARE NEW OR REMANUFACTURED UNLESS OTHERWISE SPECIFIED

ALL PARTS REMOVED WILL BE DISCARDED UNLESS INSTRUCTED OTHERWISE () SAVE () DISCARD

LABOR CHARGES ARE BASED ON "MENU ITEMS" OF A PREDETERMINED AMOUNT OR THE FLAT RATE CHARGED PER THE MITCHELL LABOR MANUAL @ \$_____/HR.	*MINIMUM LIMITED WARRANTY IS 6 MONTHS / 6,000 MILES WHICH EVER COMES FIRST*	*CORPORATE POLICY DOES ALLOW CHARGING STORAGE FEES AFTER 7 DAYS UPON THE COMPLETION DATE OF THE WORK PERFORMED*
ALTERNATE PHONE ()	ALTERNATE CONTACT	METHOD OF PAYMENT
ESTIMATE/DIAGNOSTIC FEE \$_____/OR HOURLY AT \$_____/PER HOUR		<input type="checkbox"/> CASH
Proposed Completion Date: _____		<input type="checkbox"/> CHECK # _____
		<input type="checkbox"/> OTHER _____