FleetPride®
HEAVY DUTY PARTS & SERVICE
WWW.FLEETPRIDE.COM

HASTINGS SERVICE CENTER
1270 S BALTIMORE AVENUE
HASTINGS, NE 68901
PH: 402-463-6773

** Reprint **
Invoice: **HAS016250**
Date / Hour: 2/13/2023 10:18:21AM
Repair Order: 6250
Customer: 5024610000
Branch: HAS
Total Invoice: $ 35,457.04
Cash

Bill To: AMP TRUCKING
PO BOX 86
GILTNER, NE 68841

Ship To: AMP TRUCKING
PO BOX 86
GILTNER, NE 68841

Customer P/O: bzubrod Orig R/O: 0 Completion Date: 2/10/2023

Total Core Ret:	**($1,824.63)**
Total Labor:	**$9,216.25**
Total Miscellaneous:	**$582.00**
Total Shop Supplies:	**$230.41**
Total WASTE DISPOSAL:	**$5.00**
Invoice Subtotal:	**$33,755.74**
Total Tax:	**$1,701.30**
Total Invoice:	**$35,457.04**

Payment Method	Terms	Due Date
Cash	NET 30	3/15/2023

Remit To

FLEETPRIDE
P.O. BOX 847118
DALLAS, TX 75284-7118

Paid With: Cash
Amount Due: $35,457.04 Amount Received: $35,457.04 Chg Due: $0.00

Terms and Conditions: By entering into a transaction with us you agree that the transaction is governed by our Terms and Conditions of Sale ("Terms"), available at https://www.fleetpride.com/sale-terms-conditions/. No variation to the Terms shall be effective unless expressly agreed in writing and signed by a person with authority. Parts are subject to the manufacturer's warranty and labor is warranted against defects in materials or workmanship for 90 days.
WE MAKE NO OTHER WARRANTY, EXPRESS OR IMPLIED, INCLUDING AND WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR
PURPOSE. Damages for breach of any warranty are limited to the money received for the parts/labor. For additional information, go to https://www.fleetpride.com/FleetPridePromise.

It is agreed that payment of the cash price is due within the terms stated above. A SERVICE CHARGE OF 1.5% per month (18% PER ANNUM) shall be due upon the amount of any charge which has not been paid when due. PLEASE PAY FROM THIS INVOICE .

CORE MUST BE RETURNED WITHIN 60 DAYS TO BE ELIGIBLE FOR CREDIT. For additional information, go to ://www.fleetpride.com/FleetPridePromise.

All Claims and returned goods MUST be accompanied by this bill.

SIGNATURE:_____ DATE:_____