

ACCOUNT # <u>534964</u>	
NAME <u>LOGAN COUNTY</u>	
ADDRESS _____	
TELE _____	
PLCY # <u>A 284088</u>	AUTHORIZED BY <u>Agent</u>
DATE OF LOSS <u>1-2-84</u>	CAUSE OF LOSS <u>Shot Gun</u>
POLICY TERM _____	LOSS LOC _____
COCT. # <u>991560</u>	DEDUCTIBLE _____
DATE <u>1-9-84</u>	564-567828

DESCRIPTION OF PAYMENT	SALES CODE	AMOUNT
<u>Reid/Ob# 1751</u>	<u>17</u>	<u>50⁰⁰</u>

Replacement has been made to my satisfaction and I hereby authorize the above insurance company to pay direct to the above listed firm for said installation.

If for any reason the insurance company does not pay for these repairs or replacements, the below signed agrees to pay for said repairs or replacement.

1-9-84 Ralph Reed
DATE SIGNATURE

CUSTOMER COPY

SAFELITE SERVICE AUTO GLASS

WORK ORDER

1220 ROGERS AVENUE
FORT SMITH, ARKANSAS 72901

(501) 782-5025

564-567828

SafeliteGlass

☐ WALK IN	☐ INSURANCE
☐ FLEET	☐ DEALER / BODY SHOP

☐ INTER COMPANY	☐ CASH	☐ R/B
☐ CREDIT	☐ CHARGE	☐ MEMO

DATE <u>1-9-84</u>

OLD TO: (INSURED)

ACCOUNT _____
NAME <u>KENITH REED</u>
ADDRESS <u>P.O. Bx 224</u>
<u>PARIS, ARK</u> ZIP CODE _____
ELE. _____

VEHICLE DESCRIPTION

MAKE <u>TOYOTA</u>	MODEL <u>P.L.U.</u>
YEAR <u>83</u>	ODMTR RDG <u>12536</u>
LICENSE # <u>KW0538</u>	MOBILE ☒
SERIAL # <u>2578</u>	TAX EXCEPTION # _____
P.O. or REF # _____	CITY _____
	COUNTY _____
	STATE _____

QTY.	PART NO.	DESCRIPTION	LIST	SALES CODE	AMOUNT
1	FW3975	WINDSHIELD		4	217.30
1	56121-89114	W/S BASKET		14	53.18

\$270.48

PLEASE PRINT TO: 2010 EAST 41ST STREET, TULSA, OKLAHOMA 74145