

NAME ST. ZNAM (2005) 41
 ADDRESS 372 5th St
 CITY R.T. 07070
 STATE _____ ZIP _____

CUSTOMER'S MERCHANDISE	CUSTOMER'S P.O.
ARTICLE _____	# _____
MAKE _____	TO FACTORY _____
MODEL _____	P.O.# _____
CAL./GA. _____	DATE _____
SERIAL _____	CHARGE WORK TO _____
ACCESSORIES _____	WILL CALL <input type="checkbox"/>
	SHIP <input type="checkbox"/>

LABOR	ESTIMATE/QUOTE	MERCHANDISE

DATE RECEIVED IN STORE _____ 19__
 ESTIMATE DATE OF COMPLETION _____ 19__
 I HAVE RECEIVED A COPY OF THIS
 X _____
 Signature

REMININGTON
 600
 REC-11
 Ser# 43565