

FORM 300-2 Available from **NEBS** Inc. Groton, Mass. 01450REPAIR  
TAG**M**  
**52495**PLEASE REFER TO THIS  
CLAIM NUMBER IN ALL  
CORRESPONDENCE**L 03018**A MEMBER OF  
N.B.S.**LARRY'S SPORT CENTER**  
#60 Oregon City Shopping Center  
OREGON CITY, OREGON 97045  
(503) 656-0321

CUSTOMER <i>Heath B. Miller</i>		ADDRESS <i>1700 10-B</i>		PHONE <i>725-8291</i>	DATE RECEIVED <i>11-1-81</i>
MODEL OR SERIAL NO. <i>700L</i>		TROUBLE REPORTED <i>Electric when the saddle is released</i>		PROMISED DELIVERED	
DESCRIPTION OF MATERIAL USED <i>Electric saddle</i>					
AMOUNT					
TOTAL					
MATERIALS					
LABOR					
TAX					

AUTHORIZATION NO.	
REPAIR TAG NO. <i>M52495</i>	
<input checked="" type="checkbox"/> REPAIR	<input type="checkbox"/> REPAIR OR REPLACE
PHONE NO. <i>225-7391</i>	
MODEL NO. <i>700L</i>	
<i>IS replacement</i>	
TRUCK	
STORE	
<input checked="" type="checkbox"/> REPAIR	<input type="checkbox"/> UNREPAIRED
<input type="checkbox"/> C.O.D.	

CUSTOMER REPAIRS: RETURN CANARY COPY  
ITEM AND TAG TO:CLERK *[Signature]*

C.O.D.'S NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION

LARRY'S SPORT CENTER, INC.

Oregon City Shopping Center No. 60  
Oregon City, Oregon 97045

PLEASE REFER TO THIS  
CLAIM NUMBER IN ALL  
CORRESPONDENCE  
**L 03018**

**MERCHANDISE CLAIM**

DATE 11-20 19 91

A MEMBER OF  
N.B.S.

**OUR GUARANTY**  
We guaranty only that the parts installed by us will perform satisfactorily under conditions of normal usage for a period of ninety days after date of repair. EXCEPT AS EXPRESSLY PROVIDED ABOVE, THERE IS NO WARRANTY OR GUARANTY OF MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE, OR OF ANY OTHER KIND, EXPRESS OR IMPLIED, WITH RESPECT TO THE SERVICES PERFORMED OR PARTS FURNISHED BY US, and we do not, of course, make any guaranty with respect to any other parts. If repairs later become necessary due to other defective parts, they will be charged separately.

NAME <u>Remington</u>		AUTHORIZATION NO.
ADDRESS		REPAIR TAG NO.
<u>Elion NY</u> <u>(3357)</u>		<u>M50495</u>
EASE: <input type="checkbox"/> CREDIT OR REPLACE <input type="checkbox"/> CREDIT <input type="checkbox"/> REPAIR <input checked="" type="checkbox"/> REPAIR OR REPLACE		
<u>Heath Biddix</u> PHONE NO. <u>205-8091</u>		
<u>Gun</u> # <u>C10546483</u>		
QUANTITY OF ITEMS <u>1</u>	STYLE/MODEL NO. <u>700LH</u>	
DESCRIPTION <u>Fires when safety is released</u> <u>Warranty Repair</u>		
COURSE SHIPPING CHARGES		U.P.S. <u>79914646</u>
DATE RECEIVED		INTERNAL USE DATE PICKED UP
CREDIT <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> REPAIR <input type="checkbox"/> UNREPAIRED		STORE
DATE PAYMENT RECEIVED		
<input type="checkbox"/> CHECK NO.		<input type="checkbox"/> C.O.D.
REMARKS		
OTHER REPAIRS: RETURN CANARY COPY AND TAG TO:		

OTHER REPAIRS: RETURN CANARY COPY  
AND TAG TO:

CLERK

C.O.D.'S NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION