Tejas Body Shop

1310 Aldine Meadows Rd - A

Houston, TX 77032

Phone: (832) 725-1226 Fax: () -

INVOICE

2021

Freightliner

Year:

Make:

| Name: | JB Hunt | Model: | Cascadia, New (P4) | Color: | | | |
|----------------------|-------------------|----------------|--------------------|------------------|-----------------|--|--|
| Address: | 350 Gellhorn Dr | Style: | Tractor | Estimated By: | Rebecca Salinas | | |
| City/State/Zip: | Houston, TX 77013 | VIN: | 3AKJHLDV8MSMG2064 | Fed Tax ID: | | | |
| Phone: | (713) 671-6754 | WMI / FIN: | / | License #1: | | | |
| Alt Phone: | () - | Plate / State: | / | License #2: | | | |
| Fax: | () - | Unit #: | 362241 | | | | |
| Insurance Co: | | Odometer: | | | | | |
| Invoice Number: | 6625 | | | Invoice Date: | 11/12/2024 | | |
| Sold To: | | Ship To: | | | | | |
| JB Hunt | | | | | | | |
| 350 Gellh | orn Dr | | | | | | |
| Houston, Texas 77013 | | , | | | | | |
| Customer ID: | : 001 | | Customer P | O: MX2754 | 788 | | |
| Sales Rep: | | | Delivery Da | te: | | | |

Invoice Description:

Shipped From:

Payment Date:

Paid Amount:

Payment Due Date:

Terms & Conditions

RO:

Ref:

6625

044060000636

The above is an estimate based on inspection and does not cover additional parts or labor which may be required after the work has been started. Occasionally worn or damaged parts are discovered which may not have been evident on the first inspection. Because of this, the above prices are not guaranteed. Quotations on parts and labor are current and subject to change.

\$0.00

| Signed | Date | |
|--------|------|--|
| | | |

| Summary | Hours | Disc | Rate | Total | |
|--|------------------------------|----------------------------------|--|--|--|
| Body Labor Paint Labor Mechanical Frame | 0.00 2.80 0.00 0.00 | 0.00% 0.00% 0.00% 0.00% | \$98.00 \$98.00 \$165.00 \$150.00 | \$0.00 \$274.40 \$0.00 \$0.00 | |
| Misc. Labor Parts Misc. | 0.00 0.00 | 0.00% 0.00% | \$0.00 | \$0.00 \$0.00 \$170.80 | |
| Tax Detail: | | Sub-total Sales Tax | | 445.20 0.00 | |
| Total Betterment Deductible Grand Total | | 445.20 0.00 0.00 445.20 | | | |

Invoice Date:

Paid:

Payment Terms:

Check Number:

Remaining Balance: \$0.00

Box #:

Prod Date:

11/12/2024

No