

Date: March 17, 2021
 File #: 21 - 244928
 Folder Name: 281 5TH ST E
 PIN: 322922330042

Invoice # 91342

ALL WAYS DRAINS
 "A Family Owned Full Service Drain Cleaning Company"
 612-366-7206 or 651-458-5052
 567 Shoreview Park Road, Shoreview, MN 55126

Call received by: OFFICE Time/Date: 3/17/21 Phone #: 763-442-6551
 Person who called: Rennie Email: _____
 Job location: 281 5th St E St Park
 Work to be completed: KIT SIRT

WORK AUTHORIZATION

I authorize All Ways Drains Ltd. and/or a representative of All Ways Drains Ltd. to perform the described and/or the requested services. I understand that All Ways Drains Ltd. and/or a representative of All Ways Drains Ltd. is not responsible for broken, rusted, corroded, settled, or damaged, pipes, lead pipes, fixtures, or clean outs and/or any damage resulting from the services being performed.

Accepted by: _____ Signed: _____
 Bill To: Aeon (Print) (Signature)
 Address: _____

Video Inspection/90 Day Warranty: Y or N _____ Time/Date arrived: 10:15
 Materials used: _____ (Customer's Initials) Time/Date completed: 11:15
 TRUCK CHARGE \$ 20
 Service/Hours \$ 6

Labor \$ 104 Materials Total \$ 26
 Notes: Cabled 25ft of pipe, pulled back & rose on the cable ran hrs w/ all drains cleared at this time.

METHOD OF PAYMENT

Check# _____ Cash\$ _____
 Visa MasterCard Discover
 Name on card: _____
 Card# _____
 Expiration Date: _____
 Billing Address, Zip Code & 3 Digit Code: _____

Total \$ _____
 Approved By: _____
 x _____

Preventive Estimate \$ _____
 Add to Preventive Schedule: Yes/No Time Frame: _____
 FREE Visual Drain Inspection/Test of Other Drains in Home/Unit Completed
 Recommendations _____

Total \$ 130 **Thank You For Your Business!!**

ACKNOWLEDGEMENT OF COMPLETION

I acknowledge completion and my complete satisfaction of the above described and/or requested services.

Signed: _____ Date: _____
 Reference/Referral/Review _____ Work Completed By: Duke/Call