DATATRANZ
Data Systems for Business

Lynx ☐ **Safelite** ☐

www.paperedi.com

*Lynx/Safelite Dispatch Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

*VIN:

*Date of Loss (mo/dy/yr):   ***Your Invoice #:**

* Items are mandatory

Vehicle Information:
(as shown on Lynx Job Assignment)

*Year

*Make

*Model

*Body Style

NAGS PARTS
Glass, Hardware, Molding

NOTE: If you are using a Premium, Dealer, OEM, or Non-Nags Part, call Lynx for prior approval.

Prefix	Part Number	Color	List Price	Discount	Net Amount
			$		$
			$		$
			$		$
			$		$
				Subtotal:	$

Windshield Repairs: Chip 1:   Chip 2:   Chip 3:

Total Cost of Repair:

Insurance Company

Parent ID (for Safelite)

Kit:

Labor:

Deductible:

Tax:

*TOTAL:

By forwarding this invoice to Data Tranz, we authorize Data Tranz LLC to electronically file this invoice with Lynx/Safelite on our behalf. We agree to hold Data Tranz LLC harmless in the event of a disagreement or error. Data Tranz is not affiliated with Lynx/Safelite Services, and is not responsible in any way for Lynx /Safelite policies or pricing. We agree to pay Data Tranz LLC their published service fee. We understand the liability of Data Tranz LLC is limited to their service fee.

*Shop Name:

*Contact:

*Phone:

Fax: