Online Auto	o & Flat (Glass				
PO Box 650				WWW	-0503-00211	
Valley City, ND 58072			987654321			
(701)845-5252 (701)845 <i>Fax:</i> (701)845-5259		JOSH	0:23:41 AM	1 X		
	Wor	Work Order		Josh Holm 345 2nd St NE Valley City, ND 58072		
			8002412	1493		
Bill to:			Insured	/Customer:		
ALLSTATE		Josh Holm				
			145 2nd	I St NE		
-			Valley C	City ND 580		
			(800)24	1-1493	(000)000-0000	
			()		(000)000 0000	
Contact Name	Policy Number	Authoriz	. ,	ales	Acct. #	
Contact Name	Policy Number	Authoriz 12345678	ation # S	ales Salesperso	Acct. #	
Contact Name Year Make Model			ation # S	Salesperso	Acct. #	
	Style	12345678	ation # S 39 Mileage	Salesperso	Acct. #	
Year Make Model 2010 FORD F SERIES	Style	12345678 VIN 1FTFW1EV2AFB475	ation # S 39 Mileage	Salesperso Purcha	Acct. #	
Year Make Model	Style S 4DCRCB blor License	12345678 VIN 1FTFW1EV2AFB475	ation # S 39 Mileage	Salesperso Purcha	Acct. # on 118 ise Order Stock	
Year Make Model 2010 FORD F SERIES Loss Date Cause Co 4/15/2010 Bla	Style S 4DCRCB blor License	12345678 VIN 1FTFW1EV2AFB475	ation # S 39 Mileage	Salesperso Purcha	Acct. # on 118 ise Order Stock	
Year Make Model 2010 FORD F SERIES Loss Date Cause Co 4/15/2010 Bla	Style S 4DCRCB plor License ack	12345678 VIN 1FTFW1EV2AFB475 Agent	ation # S 39 Mileage	Salesperso Purcha	Acct. # on 118 ise Order Stock	
YearMakeModel2010FORDF SERIESLoss DateCauseCo4/15/2010BlaQty Part ID	Style S 4DCRCB blor License ack Description	12345678 VIN 1FTFW1EV2AFB475 Agent	ation # S 39 Mileage	Salesperso Purcha	Acct. # on 118 ise Order Stock	

*** COLLECT DEDUCTIBLE AMOUNT: \$100.00 ***

5/7/2010 12:00:00 PM Andy

Instructions:

Release & Authorization to Pay Other Than Insured or Claimant

The glass has been replaced to my complete satisfaction and I authorize the insurance company to pay direct to the above named Company the full amount due me under the terms of my policy and I understand if for any reason my insur4ance company does not pay this claim I will be responsible for payment of same including any necessary collection or court costs. Net 30

Date____

1