## KENNEDY GLASS 730 NEW JERSEY ST LAWRENCE, KS 66044

PH:(785) 843-4416 FAX:(785) 843-6772

Contractor License: 1234

Federal Tax ID: 83-1417003

State License: 004-XXXXX7003F-01

P/O#:

Cust State Tax ID: Cust Fed Tax ID:

Workorder: W024937

Taken By: Jeff Installer: Jeff Spreer SalesRep: Jeff Spreer

Ship Via: Adv. Code:

Date: 2/20/2023 Time: 09:02 AM

BIII To: ARTISAN

Sold To: ARTISAN

ARTISAN MANAGEMENT GROUP Stuart Hall Lofts 2121 Centtral KANSAS CITY, MO 64108

Stuart Hall Lofts 2121 central

| Qty<br>1                | Part Number<br>Special Glass-1/4" | Description   |          |          |
|-------------------------|-----------------------------------|---|----------|----------|
|                         | -poolal Glass-1/4"                | (20" x 36") 1/4" Special Glass, wire  | Sell     | Total    |
| 1                       | RESIDENTIAL1                      | Residential Laborator   | \$100.00 | \$100.00 |
| Kenne<br>measu<br>misme | UV GIASS assumed all.             | responsibility for any mismeasurements during the estimation process. If by the customer, the customer assumes all responsibility for any | \$120.00 | \$120.00 |

measurements are provided by the customer, the customer assumes all responsibility for any

Per Kennedy Glass Policy, pre-payment of materials for any glass order is required before any order is placed. You can either pay in our office, by phone, or online at www.KennedyGlass.com.

Kennedy Glass quotes are valid for 30 days.

Mobile Install Installer: Jeff Spreer

Instructions:

replace door lite in west delivery door, wire glass, 2/6

| AUTHORIZATION TO PA |
|---------------------|
|---------------------|

|   | I hereby authorize and empower the above-named insurance company to pay this invoice in and demand for loss and demons the state of the above policy. Upon such payment all rights by   | NET15                                |
|---|---|--------------------------------------|
|   | satisfaction and discharge of all loss under the above policy. Upon such payment, all rights I may and demand for loss and damage described above against the above named insurance company forever discharged. In the event that the above named insurance company does not make tir payment of this invoice according to its terms, I hereby accept responsibility for such payment all charges reflected on this invoice to the above named glass company subject to and according conditions on this invoice. | y have for claim<br>shall be thereby |
| L |   |                                      |

Sub Total: \$220.00

Customer's Signature:

Tax: \$9.30 Total:

Balance:

\$229.30

\$229.30