

Location Information

Safelite
302 W BELTLINE HWY
MADISON, WI 53713
608-258-3333

Account Information

CONSUMER PARENT
92273 - 085080 --

Deductible - Invoice

05176-346301

Technician 01867-759

Inv Date: 7/23/2025 CTU WO: 714415

Installation Completed: 7/23/2025 10:13 AM 143-01867-759-714415-T

MIKE PENNEKAMP
3268 Siggelkow Rd
Mc Farland, WI 53558

Primary: 608-209-5606

Policy #:

Alternate: 608-209-5606

Claim #:

PO#/Ref:

Ath/Ver:

Loss Loc:

Loss Date/Cause:

Year	Make	Model	Body Style	Mileage	License	State	Stock #
2025	CHEVROLET	SILVERADO 2500	2 DOOR STANDARD CAB	2000.00	RP6887	WI	

Vehicle ID #: 1 G 3 C K L E 7 X S F 1 1 2 8 7 0 Service Location: Mobile

Qty	Part #	List	Selling	Labor	Kit	Material	Extension
1	MWSREPAIR		\$0.00	\$164.99	\$0.00	\$0.00	\$164.99
Replace with new - MOBILE WINDSHIELD REPAIR:							
1	MOBILE FEE WSR		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Replace with new - MOBILE FEE REPAIR							
1	SUPPLIES-REPAIR		\$7.99	\$0.00	\$0.00	\$0.00	\$7.99
Replace with new - REPAIR SUPPLIES:							

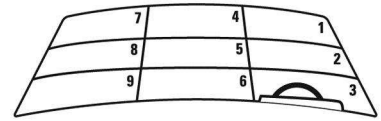
Comment:

Tender Information

Type	Card Type	Account	Auth Code	Amount
Credit	MC	XXXX-XXXX-XXXX-2093	47964Z	\$182.49

Initial here if replaced parts should be saved for inspection or returned:

Part Sub Total:	\$7.99
Labor Sub Total:	\$164.99
Sub Total:	\$172.98
Sales Tax:	\$9.51
Total	\$182.49
Total Balance Due	\$0.00



Original Estimate: \$182.49 I authorize Safelite AutoGlass to provide the above-referenced goods and services and to install glass and related parts that are manufactured by Safelite AutoGlass or another aftermarket manufacturer. Subject to completion of the work, I assign Safelite AutoGlass any claim that I have under my insurance policy to recover, and authorize my insurance company to pay to Safelite AutoGlass, the balance due. If said amount is not paid in full by my insurance company, I agree to pay any unpaid balance.

Customer's Signature: _____ **Date:** _____

If your check is unpaid for insufficient or uncollected funds, we may electronically debit your account for the principle check amount and a service fee as allowable by law. You have the right to select the repair facility of your choice.

Revised Estimate: _____	Reason: _____	Additional Cost: _____
Authorized by: _____	Phone: _____	Date: _____
Amount to collect from Customer: \$0.00	Time: _____	
Lot #: _____	Tender: _____	
Adhesive Brand: _____	Safe to drive after: _____	AM PM
Product Name: _____		