Mercedes - Benz of Pleasanton

ACCOUNTING

5885 Owens Drive Pleasanton, CA 94588 (925) 463-2525

BRENDA VIEUX 2157 TERRA BELLA CT

LIVERMORE, CA 94550 HOME:510-912-5275 CONT:510-912-5275						PAGE 1 (925) 463-2525					
	12-52				051	D)//OF AD)//OOD	643 MARCO REGACHO				
BUS: COLOR	YEAR		/MODEL	12-5275	SEI	VIN VIN			E IN / OUT	TAG	
COLOR	TLAN	IVIAIL	WODLL			VIIN	LICLINGL	WILLAG	L 1147 001	170	
BLK	23	MB EQE3	50x		4JGG	M2BBXPA000942	9GKP698	7260	/7309	T2484	
DEL. DATE		DATE WARR		PROMIS		PO NO.	RATE	PAYMENT	INV. D		
16MAY23 DD				17:00 25			0.00	CASH	08APR2	4	
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(Parts & Labor) Cost A	uthorized	Approved By:	Date & Time	Obtained By		TS: We have added this			TOTAL	_3	
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Revised Estimate				Telephone	and	disposal of toxic wastes of	`				
\$				E-mail (See Attache	.,	ardous substances unde fornia and Federal Law.					
Tire pressure chec				nci	Cam		WASTE DISP	OSAL COSTS *			
RFpsi L Customer decline	d tire pressu	re check/inflation		_psi Initials		ALL PARTS ARE NEW UNLESS OTHERWISE	TOTAL CHA	RGES			
By signing below, yo Dealership to perform	u acknowle	edge that you v	vere notified	of and authorize	eceived —	INDICATED.	LESS INSUF	RANCE			
(or had the opportunity	to inspect) a	any replaced parts	as requested	by you.		Some Parts Not Returnable	SALES TAX				
DATE	CUSTON	IER SIGNATURE	•	AUTHORIZED DEA	LEKSHIP RE	PRESENTATIVE SIGNATURE	PLEASE P				
							THIS AMO	UNI			

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ACCOUNTING

5885 Owens Drive Pleasanton CA 94588

BRENDA VIEUX								Pleasanton, CA 94588							
2157 TERRA BELLA CT LIVERMORE, CA 94550								(925) 463-2525							
							PAGE 2 (923) 403-2323								
HOME: 510-9	912-5														
BUS:			CELL:51		<u>2-5275</u>		<u>SER</u>	<u>VICE ADVI</u>	ISOR:						
COLOR	YEAR		MAKE/MODI	EL				VIN		LICENSE		MILEAGE	IN/OUT	TAG	
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BLK	23		EQE350X				JGGM2BBXPA000942 9GKP698 7260/73							T2484	
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03-26-24	09:	38	10:19		0.69	D	W	1335		A					
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\$ \$		1			Fax (See Attached)	ed)	with	the handling, m	nanagemen	t PARTS AM	OUN	Т			
Revised Estimate \$					□Telephone □Fax (See Attached) □E-mail (See Attached)			lisposal of toxic dous substance		or 10, 012, 1					
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By signing below, you Dealership to perform	the service	ces/repair	s itemized in this	Invoice a	and that you re	ed the eceived		INDICATED		LESS INSU		CE			
(or had the opportunity	to inspect	t) any rep	laced parts as req	uested by	/ you.			ome Parts Not R		SALES TAX					
DATE	CUST	JIVIEK SIC	GNATURE	AU	THORIZED DEA	ALEKSHI	r kepi	RESENTATIVE SIGN	NATUKE	PLEASE I					

675992

CUSTOMER #: 159606

Mercedes - Benz of Pleasanton

ACCOUNTING

PAGE 3

5885 Owens Drive Pleasanton, CA 94588 (925) 463-2525

BRENDA VIEUX 2157 TERRA BELLA CT

LIVERMORE, CA 94550

HOME:510-912-5275 CONT:510-912-5275

BUS:			CELL:510-	<u>-912-5275</u>	SER	RVICE ADVISOR:	: 643 MA	RCO REGACE	IO .	
COLOR	YEAR		MAKE/MODEL			VIN	LICENSE	MILEAGE	MILEAGE IN / OUT	
BLK	23	MB	EQE350X		4JGGN	M2BBXPA000942	2 9GKP69	8 7260/	7309	T2484
DEL. DATE	PROD.	DATE	WARR. EXP.	PROMIS	ED	PO NO.	RATE	PAYMENT	INV. [DATE
16MAY23 DD				17:00 25	5MAR24		0.00	CASH	08APR2	24

R.O. OPENED READY OPTIONS: ENG:Electric

12:22 25MAR24 | 15:47 08APR24

LINE OPCOI	DE TECH	TYPE A/HR	S S/HRS			LIST	NET	TOTAL
03-27-24	15:30	16:56	1.43	W	1181	В		
03-28-24	08:01	10:41	2.66	W	1181	В		
04-02-24	08:53	11:47	2.90	DW	1181	A		
	12:55	14:14	1.31	DW	1181	A		
04-03-24	08:37	08:46	0.15	W	1181	A		
	08:46	08:57	0.18	W	1181	В		

ACCOUNT	SALE	COST	CONTROL	ACCOUNT	SALE	COST	CONTROL
45500	3850	3850		47600	350	350	
65000	3850	* * * * * *		6703	350	* * * * * *	999

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Original Estimate	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization	* HAZARDOUS		DISPOSAL	DESCRIPTION	TOTALS
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\$	\$				with the ha			PARTS AMOUNT	0.00
Revised Estimate	\$			Telephone	and disposal			GAS, OIL, LUBE	0.00
\$	•			☐E-mail (See Attached)	hazardous substances under California and Federal Law.	SUBLET AMOUNT	0.00		
☐ Tire press	sure check/inflation	service was perfor	med.	:	ALL PARTS ARE NEW UNLESS OTHERWISE		WASTE DISPOSAL COSTS *	0.00	
Customer	psi LF declined tire press	_psi kk sure check/inflation	si LRps service.	Initials			TOTAL CHARGES	0.00	
By signing be	low, you acknow	ledge that you	were notified of	and authorized the nd that you received		IDICATED.		LESS INSURANCE	0.00
(or had the opp	ortunity to inspect)	any replaced part	s as requested by	na mat you received you.	☐Some Pa	Some Parts Not Returnable		SALES TAX	0.00
DATE	CUSTO	MER SIGNATURE	AU	THORIZED DEALERSH	IIP REPRESENT	ATIVE SIGN	ATURE	PLEASE PAY	
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