

CUSTOMER #:  
UNIT# 41362

685463

ACCOUNTING

Mercedes - Benz of Pleasanton

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

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HOME: CONT:N/A

BUS: CELL:

SERVICE ADVISOR: 925 REID A MUSKAR

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	21	MB GLS63W4	4JGFF8KE9MA531533	8XFG045	57316/57316	41362R	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
DD01JUL21			17:00 31JUL24		0.00	CASH	24JUL24
R.O. OPENED	READY	OPTIONS: STK:41362 ENG:4.0_Liter_Twin_Turbo TRN:72508504270728					
11:29 23JUL24	15:53 24JUL24						

LINE	OPCODE	TECH	TYPE	A/HRS	S/HRS	LIST	NET	TOTAL
A	DETAIL USED CAR FOR LINE 5.0							
	DU5 DETAIL USED CAR FOR LINE 5.0							
	1132 IPCU	0.00	5.00	0	30000		300.00	300.00
B	DETAIL TO REMOVE FRONT TINT							
	CAUSE: DETAIL CAR FOR SHOWROOM 2.0							
	DS DETAIL TO REMOVE FRONT TINT							
	1132 IPCU	0.00	2.00	0	9000		90.00	90.00

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ESTIMATE: 390.00 23JUL24 11:29 SA: 925

CONTACT:

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Thank you for choosing Mercedes-Benz of Pleasanton. Winner of the prestigious "Best of the Best" Dealer Recognition Award for 2009,2011,2014,2015,2016,2017,2018,and 2023.

HOURS OF OPERATION: MONDAY-FRIDAY 7:30A-6:00P  
SATURDAY HOURS 8:00am to 5:00pm

\*\*\* NO RO PUNCH TIMES ON FILE \*\*\*

ACCOUNT	SALE	COST	CONTROL	ACCOUNT	SALE	COST	CONTROL
45500	39000	0		23400	39000	*****	41362

COST, SALE, & COMP TOTALS 0 39000 0

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:	* HAZARDOUS WASTE DISPOSAL COSTS: We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)		LABOR AMOUNT	0.00
Revised Estimate \$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)		PARTS AMOUNT	0.00
<input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____						GAS, OIL, LUBE	0.00
By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you.						SUBLET AMOUNT	0.00
DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE						WASTE DISPOSAL COSTS *	0.00
					ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	TOTAL CHARGES	0.00
						LESS INSURANCE	0.00
						SALES TAX	0.00
						PLEASE PAY THIS AMOUNT	0.00

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.