

PAUL MERRELL & CAROL VAN STRUM

7493 East Five Rivers Road

Tidewater, Oregon 97390

Telephone: (503) 528-7151

Telefax: (503) 528-7105

FAX TRANSMITTAL SHEET

To: Mariz / Peter 410 263-8944

From: CVS transmitting from (503) 528-7105.

Date: 11/10/93

Pages (including this sheet) 2

Message: invoice for copiers rental

If you experienced any difficulties in receiving this transmission, please call (503) 528-7151.

Note: We now have a separate fax line and can receive telefax messages automatically. If the message is urgent, please follow-up with a telephone message because the telefax receiver is in a remote location.

COASTAL

Copies & Fax

INVOICE

1044

517 S.W. 9th • Newport, OR 97365 • (503) 265-8772

BILL TO		
NAME	Paul Merrill	
ADDRESS	7493 S Rivers Road	
CITY	STATE	ZIP
S Rivers Road		

SHIP TO		
NAME		
ADDRESS		
CITY	STATE	ZIP

TIME & DATE
ORDER TAKEN BY
ORDERED BY
PHONE NO 328-7151
CUSTOMER HQ. NO.

INVOICE DATE 11-10-93	CUSTOMER NO	TERMS - NET UPON RECEIPT E.O.D.	TECHNICIAN/SALES REP	RECALL? ☐ YES ☐ NO
MACHINE MAKE & MODEL Cawen 270	SERIAL NO	METER READING 453520	MACHINE STATUS ☒ WARRANTY ☐ RENTAL ☐ CONTRACT ☐ CHARGEABLE	☐ DEMO

SYMPTOMS	

SUPPLIES / PARTS						
QUANT ORDER	UNIT	QTY SHIP	QTY B/O	ITEM DESCRIPTION	UNIT PRICE	AMOUNT
				1st month	\$	90
				2nd month	\$	90

RENT \$90⁰⁰ per month plus Toner

TRAVEL TIME			SERVICE TIME		
START	FINISH	TOTAL TIME	START	FINISH	TOTAL TIME

SUB-TOTAL		
SALES TAX		
LABOR		
INSTALLATION DELIVERY OR TRANSPORTATION		
TOTAL \$	180	CA

EQUIPMENT EVALUATION/RECOMMENDATION

Warrant is guaranteed for 15 days. Repair guarantee covers only specific repairs made. Signer acknowledges that bill for repairs indicated hereafter is acceptable and that repairs have been satisfactorily performed. Parts used are listed on face of invoice. A late charge of 1 1/2% per month will be imposed on all past due balances.

AUTHORIZED SIGNATURE 

DATE 11/10/93

PAY FROM THIS INVOICE
NO STATEMENT WILL BE ISSUED.

DATE PAID 11-10-95
PAID BY. ☐ CASH
☒ CHECK-NO 8749

THANK YOU!

WHITE — Customer Copy • YELLOW — Office Copy

***** -COMM. JOURNAL- ***** DATE NOV-10-1993 ***** TIME 12:59 ***** P.1

MODE = TRANSMISSION

START=NOV-10 12:57

END=NOV-10 12:59

NO.	COM	SPEED/NTWK	STATION NAME/ TELEPHONE NO.	PAGES	PRG.NO.	PROGRAM NAME
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-ALDER HILL FARM -

***** (FAX-310 U2.18)* - 503 528 7105- *****