



Chemical Division
P.O. Box 407
Summit, Illinois 60501
Phone: 708-458-5650

INVOICE No. Q 283733
DATE 3/2/24

SCANNED

MAR - 4 2024

NAME Twin Pass ADDRESS _____ ZIP _____
UNIT NO 525 LAST PRODUCT(S) Fuel COMPARTMENTS 1,2,3

TYPE CLEANING REQUIRED

- | | | |
|----------------------------------|---------------------------|---|
| 1. Air Dry | 9. Tank Passivating | PURCHASE ORDER # _____ |
| 2. Steam and Dry | 10. Clean Pump | TIME STARTED _____ |
| 3. Hot/Cold Flush, Steam and Dry | 11. Clean _____ Hoses | TIME FINISHED _____ |
| 4. Caustic Spin, Rinse and Dry | 12. Tractor External Wash | TOTAL TIME: <u>1</u> HOUR _____ MINUTES |
| 5. Stripper Wash | 13. Trailer external Wash | |
| 6. Solvent Clean | 14. _____ gals. Waste | |
| 7. Detergent Clean (Non-Caustic) | 15. _____ Misc | |
| 8. Water Flush | | |

SPIN
 HOSE

Comments: _____

SEAL NUMBERS:

INDEMNITY AGREEMENT

For, and in consideration of, the cleaning by T.A.C. Inc. of the equipment specified above, and other good and valuable consideration, the customer specified above, hereby agrees to indemnify and hold harmless, regardless of fault, T.A.C. Inc., employees, officers and agents against any and all loss, damage, cost, and expense, whatsoever kind or nature, which it may hereafter suffer, incur, be put to or lay out, including court cost and attorney's fees, arising out of the cleaning by T.A.C. Inc. for above specified equipment. The customer acknowledges and agrees that the removal of the specified equipment from T.A.C. Inc. shall be seen as acceptance of the equipment, and that a post-cleaning inspection has been performed by the customer.

CLEANED BY Eryan / Jessie by _____ (Duly Authorized Agent)

OPERATION PERFORMED:

CHARGES ASSESSED

- | | | | | | | | | |
|------------------------------|------------------------------|--|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input checked="" type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> | 6. <input type="checkbox"/> | 7. <input type="checkbox"/> | 8. <input type="checkbox"/> | 9. <input type="checkbox"/> |
| 10. <input type="checkbox"/> | 11. <input type="checkbox"/> | 12. <input type="checkbox"/> | 13. <input type="checkbox"/> | 14. <input type="checkbox"/> | 15. <input type="checkbox"/> | TOTAL AMOUNT DUE <u>200</u> | | |