

TIRESMITH INC.
13755 - 100 STREET GRANDE PRAIRIE AB T8V 4H4

PH: 780-532-3166
FX: 780-532-8939
EML: admin@tiresmith.ca

SOLD TO:

790T
GOOD TO GO OILFIELD SERVICES LTD.
14424 - 97 STREET

GRANDE PRAIRIE AB
T8V 7B7
TEL: 780 532-3693 FAX: 780 532-9358

Invoice GPR400643 (Copy)

SHIP TO **DATE:** 25 Jun 11
GOOD TO GO OILFIELD SERVICES LTD.
14424 - 97 STREET
GRANDE PRAIRIE AB
T8V 7B7
TEL: 506 461-1777

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YEAR	MAKE		MODEL		ENGINE
PLATE NO	VIN		ODOMETER	UNIT NO.	WRITTEN BY
4VW569	TRAILER		0	TL11	EM
TIME IN	PROMISED	TERMS		P.O.	TAG
1:56 PM		30 DAYS		4455	

QTY	ITEM/DESCRIPTION	SIZE	TAX	NET	EXT.PRICE
1	5546541	ST235/80R16E	G	197.00	197.00
1	MISC Rovelø EXTRA HAUL ST 10/E BSW		G	5.00	5.00
1	TTL		G	18.00	18.00
1	LIGHT TRUCK TIRE DISPOSAL		G	6.95	6.95
1	COL CHANGE OVER LT TRK DAV		G	2.16	2.16
1	LR ON TRAILER - INSTALL NEW				
1	TR501	VALVE			
1	MISC LIGHT TRUCK METAL STEMS				
1	MSS				
	MECHANICAL SHOP SUPPLIES				
	GST Registration# 82058 1353 RT0001				
	Payment Method: OnAccount=240.57				
	THE WHEELS ON YOUR VEHICLE REQUIRE RE-TORQUEING WITHIN 70 KMS. THIS SERVICE IS PROVIDED FREE OF CHARGE. PLEASE SEE US TO HAVE THIS DONE. FAILURE TO DO SO MAY RESULT IN A WHEEL OFF SITUATION. AIR SET AT _____ WHEEL NUTS HAND TORQUED _____ FT LBS				
	GST EXEMPT #:	PST EXEMPT #:			

TERMS AND CONDITIONS

I request the above work to be done and the above materials to be supplied and installed on the following conditions.

I promise to pay the amount due upon completion of the work. I acknowledge the lien of the operator for the value of the done and materials supplied. I authorize you, your agents or independent contractors to drive my vehicle for the purpose of inspection and repairs. I authorize you to subcontract work as necessary, including releasing the vehicle or parts thereof to third parties. I will be responsible for any and all charges that any third party warranty company fails to pay for.

PARTS:	203.95
LABOUR:	18.00
OTHER:	7.16
SUB-TOTAL:	229.11
GST:	11.46
PST:	N/C
TOTAL:	240.57

Signature: _____ for you Patronage!!!! Signature: _____