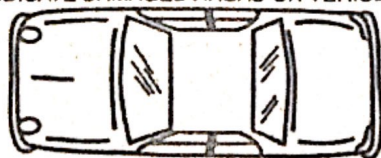


P.O. Box 1060
Spearfish, SD 57783
87-3636292



Inv. **19887**
24 Hour
Towing Service
(605) 642-9095

| | | | | | | | | | |
|---|--|--|--|---|--|--|-------------------------------|------|---------|
| Date <u>5-2-24</u> | | Time <u>1</u> | | A.M. / P.M. <u>DWD PA</u> | | Requested By | | | |
| Location of Vehicle <u>Visitor Center</u> | | | | | | | | | |
| Name <u>Isaac Adams</u> | | | | Phone | | | | | |
| Address | | | | Zip | | | | | |
| Vehicle Towed To <u>85 yard</u> | | | | 2nd Tow | | | | | |
| Remarks | | | | | | | | | |
| Year <u>2015</u> | | Make/Model/Color <u>Deer 3500 Trailer</u> | | | | | | | |
| State <u>MT</u> | | License No <u>KS-0412C</u> | | Vehicle I.D. No <u>SCC3R3DJ5FG541550</u> | | | | | |
| Bill To / P.O. # | | | | | | | | | |
| REASON FOR TOW <input type="checkbox"/> ACCIDENT <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> ABANDONED <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> NO START <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> RECOVERY <input type="checkbox"/> LOCK OUT <input type="checkbox"/> NO TRESPASS <input checked="" type="checkbox"/> TOW ZONE <input type="checkbox"/> ARREST <input type="checkbox"/> STOLEN <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/> _____ | | | TYPE OF TOW <input type="checkbox"/> SLING/HOIST <input type="checkbox"/> FLAT BED/RAMP <input checked="" type="checkbox"/> WHEEL LIFT <input type="checkbox"/> _____ OTHER SERVICES <input type="checkbox"/> SWEEP <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS <input type="checkbox"/> FIRST AID | | | PERSONALS TAKEN | | DATE | PHONE # |
| | | | | | | VEHICLE STORAGE TIME FROM _____ TO _____ DAYS @ \$ _____ | | | |
| SPECIAL EQUIPMENT USED <input type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> _____ <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> _____ | | | EXTRA PERSON Name _____ Truck # _____ | | |  KEYS LEFT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | MILEAGE |
| METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input checked="" type="checkbox"/> 3% CREDIT CARD NAME _____ CREDIT CARD # <u>3777</u> | | | Enroute Miles _____ | | Towed Miles _____ | | LABOR <u>250⁰⁰</u> | | |
| | | | Return Miles _____ | | Total Miles _____ | | EXTRA PERSON | | |
| LABOR TIME Start _____ Finish _____ Total _____ | | | Total Miles _____ | | SPECIAL EQUIPMENT | | | | |
| | | | Total Miles _____ | | STORAGE | | | | |
| AUTHORIZED SIGNATURE _____ DATE _____ <small>I agree to hold this company harmless for any damages due to towing or services rendered.</small> DRIVER SIGNATURE _____ DATE _____ | | | Driver <u>RK</u> | | SUBTOTAL <u>412⁰⁰</u> | | | | |
| | | | Wrecker # <u>685</u> | | <input type="checkbox"/> 4.5% TAX <input checked="" type="checkbox"/> 6.5% TAX <u>25⁵⁴</u> | | | | |
| | | | | | TOTAL <u>437⁵⁴</u> | | | | |

We cannot be responsible for damages caused by faulty tires, bumper brackets, etc. This company assumes no responsibility for loss or damage by theft, fire or any other cause beyond our control, to any vehicle placed with them for storage or repair.

THANK YOU!

Print Mark-et • #8530 Invoice