



service

scaffold company, inc.

po box 888, 29 railroad avenue
south fallsburg, new york 12779
(845) 434-8888 • fax (845) 434-5944

INVOICE 78716

INVOICE DATE: 12/17/2013

SOLD TO:

Claude Simon
71 Tonjes Road
Jeffersonville, NY 12748

Attn:

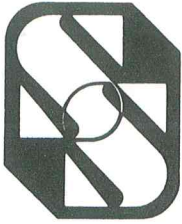
CUSTOMER ID	SLIP NUMBER	PAYMENT TERMS	PAGE
35158	Slip# A1919	Due Upon Receipt	1

QUANTITY	SLIP NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
16.0000		5' x 6' 6" Frame	6.0000	96.00
32.0000		Inserts	0.0000	0.00
16.0000		6' Braces	4.0000	64.00
4.0000		8' Braces	4.0000	16.00
1.0000		Pulley Wheel	25.0000	25.00
5.0000		Brackets	4.0000	20.00
8.0000		Lg Jacks	4.0000	32.00
16.0000		Hinge Pins	0.0000	0.00
6.0000		10' Plank	6.0000	36.00
Rental Period 12/17 - 01/14/14 Wayne Shroder Job 845-707-2307			Item Total:	289.00
			Sales Tax:	23.12
			Shipping:	0.00

TOTAL

312.12

FAKED TO 1/15
482-3439

INVOICE 78805

service
 scaffold company, inc.

po box 888, 29 railroad avenue
 south fallsburg, new york 12779
 (845) 434-8888 • fax (845) 434-5944

INVOICE DATE: 01/14/2014

SOLD TO:

Claude Simon
 71 Tonjes Road
 Jeffersonville, NY 12748

Attn:

CUSTOMER ID	SLIP NUMBER	PAYMENT TERMS	PAGE
35158	Slip# A1919	Due Upon Receipt	1

QUANTITY	SLIP NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
16.0000		5' x 6' 6" Frame	6.0000	96.00
32.0000		Inserts	0.0000	0.00
16.0000		6' Braces	4.0000	64.00
4.0000		8' Braces	4.0000	16.00
1.0000		Pulley Wheel	25.0000	25.00
5.0000		Brackets	4.0000	20.00
8.0000		Lg Jacks	4.0000	32.00
16.0000		Hinge Pins	0.0000	0.00
6.0000		10' Plank	6.0000	36.00
Rental Period 01/14 - 2/11/14 Wayne Stroder Job 845-707-2307			Item Total:	289.00
			Sales Tax:	23.12
			Shipping:	0.00
TOTAL				312.12



(845) 434-8888
FAX (845) 434-5944



PLEASE RETURN THIS PORTION
WITH YOUR PAYMENT.

STATEMENT DATE	ACCOUNT NO.
01/31/2014	35158

AMOUNT REMITTED _____
IF PAYING BY INVOICE - CHECK
INDIVIDUAL INVOICES PAID

[illegible]

INVOICE NO.	AMOUNT DUE	
78805	312.12	
BALANCE DUE 	TOTAL 624.24	

FAXED 2/19/14

INVOICE 78933


service

scaffold company, inc.

po box 888, 29 railroad avenue

south fallsburg, new york 12779

(845) 434-8888 • fax (845) 434-5944

INVOICE DATE: 02/11/2014

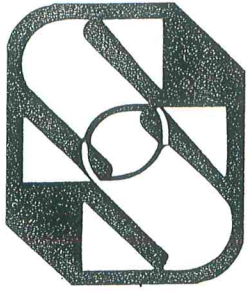
SOLD TO:

 Claude Simon
 71 Tonjes Road
 Jeffersonville, NY 12748

Attn:

CUSTOMER ID	SLIP NUMBER	PAYMENT TERMS	PAGE
35158	Slip# A1919	Due Upon Receipt	1

QUANTITY	SLIP NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
16.0000		5' x 6' 6" Frame	6.0000	96.00
32.0000		Inserts	0.0000	0.00
16.0000		6' Braces	4.0000	64.00
4.0000		8' Braces	4.0000	16.00
1.0000		Pulley Wheel	25.0000	25.00
5.0000		Brackets	4.0000	20.00
8.0000		Lg Jacks	4.0000	32.00
16.0000		Hinge Pins	0.0000	0.00
6.0000		10' Plank	6.0000	36.00
Rental Period 2/11 - 3/11/14 Wayne Stroder Job 845-707-2307			Item Total:	289.00
			Sales Tax:	23.12
			Shipping:	0.00
TOTAL				312.12



service scaffold company, inc.

p.o. box 888
south fallsburg, new york 12779
845-434-8888
fax: 845-434-5944

CREDIT CARD AUTHORIZATION

Attention: _____ Date Faxed _____

Please fill in all blanks and fax back ASAP to 845-434-5944.

This is to verify that you have authorized payment via credit card for the services listed below. Please sign where appropriate and fax back to Service Scaffold Co., Inc. at (845)434-5944, or e-mail to anne@servicescaffold.com. If the equipment is not returned within the contracted period, we are hereby authorized to continue to charge your credit card. All Rentals are for a period of 28 days.

Customer/Company Name: CLAUDE SIMON
Address: 71 TONJES ROAD, CALICOON 12723
Jobsite Name: WAYNE SHROVER JOB
Jobsite Address: _____
Nature of Service: SCAFFOLD RENTAL
Date of Delivery/Service: _____

(X)Visa ()Mastercard (A)American Express ()Discover

Card No: 4313073608052818 CVV Code: 388

Expiration Date: 11 / / 2014 D/L No: _____

Cardholder Name: Clauder Simon

Card Billing Address: 254 Fifth Avenue, 3rd Floor, New York, NY 10001

Cardholder Signature: Claude Simon

Office Phone: _____ Rental: _____

Office Fax: _____ Purchases: _____

Jobsite Phone: _____ Labor: _____

Jobsite Contact: _____ Delivery & Pickup: _____

Sales Tax: _____

3% Credit Card Fee: _____

Estimated Total: _____