



ANTECH APPLIANCES INC.

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BEAR license # A45590

WORK ORDER INVOICE

68316

Served By:

Andrey

Name <i>Holly Callaway</i>	Phone <i>(619) 582-0345</i>	Date of Purchase
Address <i>8572 Wandermere DR</i>	Alt. Phone	Date Call Received <i>03/25/17</i>
City <i>San Diego</i> State <i>CA</i> ZIP <i>92120</i>	Email	Date Repaired

Type of Service ☐ COD ☐ Manufacture's Warranty ☐ Extended Warranty ☐ Home Warranty ☐ Account ☐ Other _____

Warranty Provider <i>CPS</i>	Warranty Work Order # <i>1386427</i>	Warranty Authorization #
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Appliance Type (1) <i>Dishwasher</i>	Make <i>Kitchen-Aid</i>	Model <i>KUDE60GXSS</i>	Serial <i>F14601864</i>
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Problem *No access in dishwasher, cleaning drain pipe and*

Services Performed *Need to change drain pipe
changed drain pump, Dishwasher OK*

Qty.	Part Number	Part Description	Invoice #	Part Cost
1	WPU10348269	Drain pump		55.07

Appliance Type (2)	Make	Model	Serial
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Problem

Service Performed

Oven Range ☐ Gas ☐ Electric ☐ Single Dbl ☐ Mw/Oven Combo ☐ Self Clean ☐ Std. Clean Color _____ Age _____ W _____ H _____ ☐ Convection ☐ Broiler
Cook Top ☐ Gas ☐ Electric ☐ Smooth Top ☐ Down Draft ☐ Griddle Grill Color _____ Age _____ W _____ H _____ ☐ Glass Top
Microwave/Hood ☐ Oven Range ☐ Built-In ☐ Trim Kit ☐ Fan/Light Color _____ Age _____ W _____ H _____ Voltage _____
Refrigerator ☐ Top/Bottom ☐ Side X Side ☐ Im/Wd Cubic Feet _____ Color _____ Age _____ ☐ Free-Standing ☐ Built-In ☐ Picture Of Doors _____
Dishwasher Cycles _____ Levels _____ Options _____ Buttons _____ Color _____ Age _____ W _____ H _____ Sprayarms _____
Washer ☐ Top ☐ Front W _____ H _____ Color _____ Age _____
Dryer ☐ Gas ☐ Electric W _____ H _____ Color _____ Age _____
Trash Compactor W _____ H _____ Color _____ Age _____ Horse Power _____

COD Estimate (Valid for 30 Days) By signing below, I agree to the estimate given in the field titled "COD Estimate" and authorize Antech Appliances Inc. to proceed with repairs on my appliance(s) listed. I understand that Antech Appliances Inc. may request me to prepay for any parts that need to be ordered. X _____	Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check _____ <input type="checkbox"/> Coupon <input type="checkbox"/> Credit Card _____
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Antech Appliances Inc. has made replacement and/or repair(s) to my satisfaction and I hereby authorize the above insurance or warranty company listed in the foregoing field titles "Warranty Provider" to pay Antech Appliances Inc. directly in full for replacement and/or repair(s) of the subject appliances or fixtures. I represent to Antech Appliances Inc. that I currently possess a valid express warranty for the repairs that were made by Antech Appliances Inc. to the subject appliances or fixtures stated in this Invoice. In making this representation, I agree that if the insurance or warranty company does not pay for the replacement and/or repair(s) made by Antech Appliances Inc., I agree and understand that I will be liable for all charges incurred therein. Antech Appliances Inc. and its employees, agents, contractors, and successors in interest are not responsible for any floor damage, cabinet damage, counter damage, or any water leakage when repairing and/or removing your appliance by Antech Appliances's technician. Antech Appliances Inc. is not now and was not a party to the Insurance or Warranty Agreement that covers the subject appliances or fixtures that were repaired by Antech Appliances Inc. As such, any decision on whether the replacement or repair(s) performed by Antech Appliances Inc. falls within the scope of coverage of the Insurance or Warranty Agreement purporting to cover the services appliances or fixtures is at the sole discretion of the warranty or Insurance company. I agree that I will be responsible for a 20% restocking fee towards the cost of any parts ordered that are cancelled. I agree that any unpaid account assigned to a collection agency will incur an additional fee of \$25. I agree and understand that I will be charged a fee of \$29 for any check returned as Non-Sufficient funds or Stopped Payment per CA Civil code 1719.	Total Parts <i>55.07</i>
	Total Labor <i>147.00</i>
	Sales Tax <i>0</i>
	Shipping Cost
	Total <i>202.07</i>
	Service Fee
<input type="checkbox"/> Deposit <input type="checkbox"/> Deductible	Balance Due <i>202.07</i>

<i>Holly Callaway</i> Sign Name	<i>Holly Callaway</i> Print Name	<i>03/25/17</i> Date
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