Billing Address
Shannon Rainey
8902 Blankenship Drive
Houston, TX 77080 USA

| Wedgeworth Plumbing | Invoice 7001343 |
| :---: | :---: |
| 9025 Ruland Rd. | Invoice Date 9/28/2020 |
| Unit \#B6 | Completed Date |
| Houston, TX 77055 | Customer PO |

314 Tallowood Dr., El Lago, Tx Texas State Board of Plumbing Examiners
P.O. Box 4200, Austin, Tx 78765-4200

1-800-845-8484
Sean Giuliani MPL \#35828
Job Address
Shannon Rainey
8902 Blankenship Drive
Houston, TX 77080 USA

## Description of Work

Hallway guest bathtub was leaking at the valve. Removed old stems and installed new ones for both the hot and cold.
Checked for leaks and none were present at this time.

| Task \# | Description | Quantity | Your Price | Your Total |
| :---: | :---: | :---: | :---: | :---: |
| T13105 | Rebuild Compression Tub or Shower Faucet | 1.00 | \$229.00 | \$229.00 |
| partspickup | Parts Pick-Up | 1.00 | \$86.00 | \$86.00 |
| T25113 | 25 month warranty | 1.00 | \$0.00 | \$0.00 |
|  | Exclusions: |  |  |  |
|  | - Acts of God <br> - Abuse/Misuse <br> - Damage caused by other persons/contractors |  |  |  |
| T25104 | \$99 Diagnostic discount | 1.00 | \$-99.00 | \$-99.00 |


| $\begin{aligned} & \text { Paid On } \\ & 9 / 28 / 2020 \end{aligned}$ | Type GoPayment | Memo | $\begin{aligned} & \text { Amount } \\ & \$ 216.00 \end{aligned}$ |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | Sub-Total Tax | $\begin{aligned} & \$ 216.00 \\ & \$ 0.00 \end{aligned}$ |
|  |  |  | Total Due | \$216.00 |
|  |  |  | Payment | \$216.00 |
|  |  |  | Balance D | \$0.00 |
|  |  |  |  |  |

I hereby authorize the work described on this invoice and/or attached proposal and agree to the terms and conditions as stated on both documents. I recognize that aged and deteriorated plumbing fixtures, piping, and appurtenances may no longer be serviceable, and ! agree to hold Wedgeworth Plumbing blameless for any damage or destruction to those items as a result of these conventional repair efforts. I agree to pay for all work, goods, and services received when rendered. I agree to perform these obligations set forth in the applicable card holder agreement with the credit card user. Failure to make payment will result in a service charge if $1.5 \%$ per month (18\% per annum) on all balances 30 days or more past due.
\$216.00


I hereby agree the work was authorized and completed to my satisfaction for the amount of \$216.00.

