

**Recovery Manager**  
**725 S. Nova Rd #101**  
**Ormond Beach, FL 32174**  
**Office: (386) 676-9817 - Cell: (386) 527-3062**

Tax Identification Number:

Client Code  
SEAWEST

Friday, March 25, 2005

Client Name:

Debtor: **Customer, Joe**

1608 N US 1

Ormond Beach

FL 32174

Contact Name: Miriam

Collateral: 2007 Mitsubishi Eclipse

Account#: 123456789

Vin #: 4A3AK34T17E004876

**INVOICE**

Case #: 03-12002

Invoice #: 03-12002-3

Notes & Comments

**Involuntary Repo**

TEST

**Mileage**

77777777

Payments Received		DESCRIPTION	PRICE	Post Payment	
Check #	Date Rec'd	\$ Rec'd		Check #	Amount Pd
	6/21/2006		REPOSSESSION FEE		
			STORAGE                      Per Day    X                      Days		
			MILEAGE                      Per Mile    X                      Miles		
			INVENTORY FEE            0.00 +            Per Day    X                      Days		
			DELIVERY / TOWING / SHOP FEE		
			CLOSE / CURE / LOCATE FEE		
			INVESTIGATION FEE		
			KEY FEE		
			OUT OF POCKET EXPENSE / PAYOUT		
			MISC		
			TAXES		
TOTAL PAID		\$1,000.00			
					<u>Received From</u>

**TOTAL DUE:                      \$275.00**

**Invoices Due Upon Receipt, Thank You For Your Cooperation**