

**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

DESCRIPTION			PRICE					
<b>Payments Received</b>			<b>REPOSESSION FEE</b>		<b>\$275.00</b>	<b>Post Payment</b>		
Check #	Date Rec'd	\$ Rec'd	STORAGE	Per Day X	Days	\$0.00	<u>Check #</u>	<u>Amount Pd</u>
	6/21/2006		MILEAGE	Per Mile X	Miles	\$0.00	<u>Received From</u>	
			INVENTORY FEE	0.00 + Per Day X	Days	\$0.00		
			DELIVERY / TOWING / SHOP FEE			\$0.00		
			CLOSE / CURE / LOCATE FEE			\$0.00		
			INVESTIGATION FEE			\$0.00		
			KEY FEE			\$0.00		
			OUT OF POCKET EXPENSE / PAYOUT			\$1,000.00		
			MISC			\$0.00		
			TAXES			\$0.00		
<b>TOTAL PAID</b>		<b>\$1,000.00</b>						

**TOTAL DUE: \$275.00**

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