

Date

ToName
Street Address
City, ST ZIP
Code

Ship ToSame as recipient

Instructions
Delivery
Instructions

Quantity Description

Invoi ce No.

Vehicle:	
venicie.	

Unit Price Total

Subtotal

Sales Tax

Shipping & Handling

Total Due

DENT SPOT LLC 2505 W MAIN STREET NORMAN OK 73069 Tel 405-839-4734 parts@dentspot.com



Due upon receipt

Thank you for your business