



Rosen Supply Company, Inc.

Handwritten initials/signature

WHOLESALE DISTRIBUTOR - PLUMBING AND HEATING SUPPLIES
P.O. BOX 11185, TACOMA, WA 98411-0185
PHONE (253) 627-3176 FAX (253) 627-0534

CUST.#: 6093

QUOTE

ORDER DATE	INVOICE DATE	ORDER NO.
04/26/16	04/26/16	2150926-00
P.O. NO.		PAGE #
		1

BILL TO: \$ BREMERTON CONTRACTOR TAXABLE
3405 11ST STREEET

BREMERTON, WA 98312

REMIT TO:
Rosen Supply Co., Inc.
P.O. Box 11185
Tacoma, WA 98411-0185

SHIP TO: \$ BREMERTON CONTRACTOR TAXABLE
3405 11ST STREEET

BREMERTON, WA 98312

INSTRUCTIONS			
SHIP POINT	SHIP VIA	SHIPPED	TERMS
Rosen Supply Co., Inc. BR#2			cash

LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY. SHIPPED	QTY. U/M	NET UNIT PRICE	AMOUNT (NET)
<p>*** Conditions of Sale & Return Policy A 50% down payment on all Stock Orders. A 100% down payment on all Special Orders. All Special Orders are Non-Cancelable & Non- Returnable. All Stock Returns are subject to a minimum 25% restocking fee and must be in original condition. All Stock Returns must be within 30 days of the invoice date. Customer must pay Factory Return Freight & Handling charges. Minimum Sale: \$10.00 Minimum Delivery Charge: \$50.00 Accepted _____ Date: _____</p>							
1	59896212 GFOS UP15-18B5TLC 1/25H BRZ SWT CIRC PUMP W/TLC	2			each	351.00	702.00
1	Lines Total					Total	702.00
						Taxes	61.07
						Invoice Total	763.07

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NO MERCHANDISE MAY BE RETURNED WITHOUT PERMISSION.
15% HANDLING CHARGE ON MERCHANDISE RETURNED FOR BUYER'S CONVENIENCE.
\$ 10.00 MINIMUM BILLING.

Loss and Damage Claim

SEND OR FAX CLAIM TO: Stavis Water Company 1107 S Bailey St Seattle, WA 98108	MAKE CHECK PAYABLE TO: CLAIMANT <u>Jeff Blymyer</u> ADDRESS <u>6585 Stonefarm Ln. NW.</u> CITY, STATE, ZIP <u>Seabeck WA, 98380</u>
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CLAIMANT'S NAME Jeff Blymyer	DATE 4-16-16
REFERENCE OR CLAIM #	CLAIMANT'S TELEPHONE NO. (360) 792-9901
CLAIMANT'S ADDRESS Same as above	CLAIMANT'S FAX NO.
	CITY, STATE, ZIP

CLAIM AMOUNT \$	CLAIM FOR <input type="checkbox"/> Shortage <input checked="" type="checkbox"/> Damage <input type="checkbox"/> Other (specify)
SHIPPER <u>Rosen Supply</u>	CONSIGNEE
ORIGIN	DESTINATION
CARRIER PRO # or ATTACH A COPY OF THE BILL OF LADING <u>215096-00</u>	PICKUP DATE

BRIEFLY DESCRIBE THE CLAIM AND HOW THE AMOUNT WAS CALCULATED

Water was shut off while power was still on to recirculating pumps. Both pumps ran dry & burned up. I am charging for material cost only. A job like this would be \$1,800.00 plus tax. I am not charging for the misc. copper pipe & fags used in job

IF THE CLAIM INVOLVES DAMAGED GOODS, PLEASE CHECK ONE

Damaged goods can be repaired for damaged approximately \$ _____.

Damaged goods can be repaired for approximately \$ _____.

Damaged goods are available for carrier pickup.

Damaged goods are unavailable (please explain):

PLEASE ATTACH THE APPROPRIATE DOCUMENTATION:

Vendor's invoice showing price of lost or goods, including final page.

Consignee's copy of the freight bill bearing loss or damage notations.

Itemized repair bill, if applicable.

Inspection Report, if available.

CLAIMANT'S SIGNATURE & DATE
Jeff Blymyer 4-21-16