

Dealer Price List



46523



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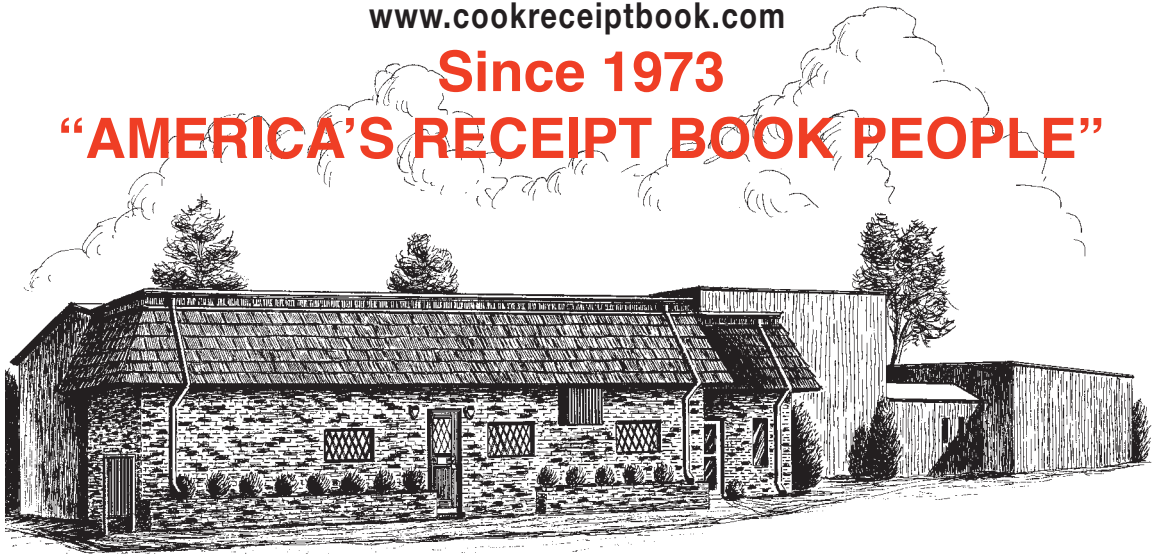
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our work.

Lugs and Bucket Pick Up

0563

Farm Name _____

Date _____

Lug Pick Up

Type	Amount		Amount
<input type="checkbox"/> New	_____		
<input type="checkbox"/> Empty	_____	➔	Empty Lugs Returned _____
<input type="checkbox"/> Rejected Fruit	_____	➔	Rejected Fruit Lugs Returned _____
<input type="checkbox"/> Cull Berries	_____	➔	Cull Berry Lugs Returned _____

Number of Buckets Picked Up _____ Tie Straps Picked Up _____

Forklift Driver _____

Driver _____

CPC 56106

Lugs and Bucket Pick Up

0564

Farm Name _____

Date _____

Lug Pick Up

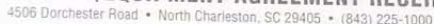
Type	Amount		Amount
<input type="checkbox"/> New	_____		
<input type="checkbox"/> Empty	_____	➔	Empty Lugs _____
<input type="checkbox"/> Rejected Fruit	_____	➔	Rejected Fr _____
<input type="checkbox"/> Cull Berries	_____	➔	Cull Berry L _____

Number of Buckets Picked Up _____ Tie S _____

Forklift Driver _____

Driver _____

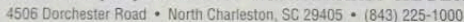
CPC 56106



TAMPERING WITH EQUIPMENT TO RECEIVE UNAUTHORIZED SERVICES IS A CRIMINAL OFFENSE

CUSTOMER INFORMATION			PAYMENT INFORMATION	
NAME			AMOUNT	CONFIRM #
ADDRESS				
CITY	STATE	ZIP	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> CC	

Date Issued



TAMPERING WITH EQUIPMENT TO RECEIVE UNAUTHORIZED SERVICES IS A CRIMINAL OFFENSE!

COMMENTS:

CUSTOMER INFORMATION			PAYMENT INFORMATION	
NAME			AMOUNT	CONFIRM #
ADDRESS				
CITY	STATE	ZIP	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> CC	

Date Issued _____

RECEIPT FOR RETURNED PARTS

PARTS RETURNED WITHOUT AN INVOICE ARE SUBJECT TO A RESTOCKING CHARGE

MARK CHRISTOPHER, INC.

2131 CONVENTION CENTER WAY
ONTARIO, CA 91764
(909) 390-2900 ~ FAX (909) 390-2935
DIRECT PARTS LINE: 1-800-886-8977

PARTS
RECEIVED
FROM

THIS IS NOT A CREDIT MEMO - CREDIT TO BE ISSUED SUBJECT TO APPROVAL OF
PARTS MANAGER - CREDIT CANNOT BE ISSUED WITHOUT ORIGINAL INVOICE NUMBER.

☐ DAMAGE ☐ DEFECTIVE ☐ CORE ☐ RTS

QUAN.	PART NUMBER	Rec. By	DESCRIPTION	ORIGINAL INVOICE	
				NUMBER	DATE

REC'D BY _____ DATE _____

RECEIPT FOR RETURNED PARTS

PARTS RETURNED WITHOUT AN INVOICE ARE SUBJECT TO A RESTOCKING CHARGE

MARK CHRISTOPHER, INC.

2131 CONVENTION CENTER WAY
ONTARIO, CA 91764
(909) 390-2900 ~ FAX (909) 390-2935
DIRECT PARTS LINE: 1-800-886-8977

PARTS
RECEIVED
FROM

THIS IS NOT A CREDIT MEMO - CREDIT TO BE ISSUED SUBJECT TO APPROVAL OF
PARTS MANAGER - CREDIT CANNOT BE ISSUED WITHOUT ORIGINAL INVOICE NUMBER.

☐ DAMAGE ☐ DEFECTIVE ☐ CORE ☐ RTS

QUAN.	PART NUMBER	Rec. By	DESCRIPTION	ORIGINAL INVOICE	
				NUMBER	DATE

REC'D BY _____ DATE _____



Yeshivat Lev Torah

3300 Kings Highway
Brooklyn, NY 11234
718-891-8644

RECEIVED FROM _____

DATE _____ 20 ____

ADDRESS _____

THE SUM OF _____

DOLLARS \$ _____

☐ Registration ☐ Tuition ☐ Books
☐ Graduation ☐ Other _____

☐ Cash ☐ Credit
☐ Check No. _____

SIGNATURE _____

Thank You



Yeshivat Lev Torah

3300 Kings Highway
Brooklyn, NY 11234
718-891-8644

RECEIVED FROM _____

DATE _____ 20 ____

ADDRESS _____

THE SUM OF _____

DOLLARS \$ _____

☐ Registration ☐ Tuition ☐ Books
☐ Graduation ☐ Other _____

☐ Cash ☐ Credit
☐ Check No. _____

SIGNATURE _____

Thank You



Yeshivat Lev Torah

3300 Kings Highway
Brooklyn, NY 11234
718-891-8644

RECEIVED FROM _____

DATE _____ 20 ____

ADDRESS _____

THE SUM OF _____

DOLLARS \$ _____

☐ Registration ☐ Tuition ☐ Books
☐ Graduation ☐ Other _____

☐ Cash ☐ Credit
☐ Check No. _____

SIGNATURE _____

Thank You

SAMMY'S AUTO SALES, INC.
P.O.Box 1948
LUMBERTON, NC 28359
738-5704

2281

RECEIVED FROM	DATE	20
AMOUNT	\$	
FOR		DOLLARS
PREVIOUS BALANCE		
THIS PAYMENT		
BALANCE DUE		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> M.O.		
Your Receipt - Thank You		
BY		

SAMMY'S AUTO SALES, INC.
P.O.Box 1948
LUMBERTON, NC 28359
738-5704

2282

RECEIVED FROM	DATE	20
AMOUNT	\$	
FOR		DOLLARS
PREVIOUS BALANCE		
THIS PAYMENT		
BALANCE DUE		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> M.O.		
Your Receipt - Thank You		
BY		

SAMMY'S AUTO SALES, INC.
P.O.Box 1948
LUMBERTON, NC 28359
738-5704

0000

RECEIVED FROM		
AMOUNT		
FOR		DOLLARS
PREVIOUS BALANCE		
THIS PAYMENT		
BALANCE DUE		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> M.O.		
You - Thank You		
BY		

Wells Farmers Co-op Gin
72041 990 FM 213, O'Donnell, TX 79351

CUSTOMER NAME _____ CUST. NO. _____

SIGNATURE _____

Wells Farmers Co-op Gin
72041 990 FM 213, O'Donnell, TX 79351

CUSTOMER NAME _____ CUST. NO. _____

SIGNATURE _____ TOTAL \$ _____

Wells Farmers Co-op Gin
72041 990 FM 213, O'Donnell, TX 79351

CUSTOMER NAME _____ CUST. NO. _____

SIGNATURE _____ TOTAL \$ _____



Yeshivat Lev Torah

3300 Kings Highway
Brooklyn, NY 11234
718-891-8644

RECEIVED FROM _____

DATE _____ 20 ____

ADDRESS _____

THE SUM OF _____

DOLLARS \$ _____

☐ Registration ☐ Tuition ☐ Books
☐ Graduation ☐ Other _____

☐ Cash ☐ Credit
☐ Check No. _____

SIGNATURE _____

Thank You



Yeshivat Lev Torah

3300 Kings Highway
Brooklyn, NY 11234
718-891-8644

RECEIVED FROM _____

DATE _____ 20 ____

ADDRESS _____

THE SUM OF _____

DOLLARS \$ _____

☐ Registration ☐ Tuition ☐ Books
☐ Graduation ☐ Other _____

☐ Cash ☐ Credit
☐ Check No. _____

SIGNATURE _____

Thank You



Yeshivat Lev Torah

3300 Kings Highway
Brooklyn, NY 11234
718-891-8644

RECEIVED FROM _____

DATE _____ 20 ____

ADDRESS _____

THE SUM OF _____

DOLLARS \$ _____

☐ Registration ☐ Tuition ☐ Books
☐ Graduation ☐ Other _____

☐ Cash ☐ Credit
☐ Check No. _____

SIGNATURE _____

Thank You

No. _____ Date _____ 20 _____

CARENCRO POLICE DEPARTMENT - Carencro, LA 70520

Received From: _____

Fines	\$
Bond	\$
Court Cost	\$
Accidents	\$
Reports	\$
Balance	\$

CARENCRO POLICE DEPARTMENT

Per _____

No. _____ Date _____ 20 _____

CARENCRO POLICE DEPARTMENT - Carencro, LA 70520

Received From: _____

Fines	\$
Bond	\$
Court Cost	\$
Accidents	\$
Reports	\$
Balance	\$

CARENCRO POLICE DEPARTMENT

Per _____

No. _____ Date _____ 20 _____

CARENCRO POLICE DEPARTMENT - Carencro, LA 70520

Received From: _____

Fines	\$
Bond	\$
Court Cost	\$
Accidents	\$
Reports	\$
Balance	\$

CARENCRO POLICE DEPARTMENT

Per _____

RECEIPT
CITY OF BEDFORD
POLICE DEPARTMENT_____
FUND

BEDFORD, IN, _____ 20 _____

RECEIVED FROM _____ \$ _____

THE SUM OF _____ DOLLARS

ON ACCOUNT OF _____
100**PAYMENT TYPE & AMOUNT**

CASH _____ CHECK _____ M.O. _____

E.F.T. _____ C.C./B.C. _____ OTHER _____

AUTHORIZED SIGNATURE**RECEIPT**
CITY OF BEDFORD
POLICE DEPARTMENT_____
FUND

BEDFORD, IN, _____ 20 _____

RECEIVED FROM _____ \$ _____

THE SUM OF _____ DOLLARS

ON ACCOUNT OF _____
100**PAYMENT TYPE & AMOUNT**

CASH _____ CHECK _____ M.O. _____

E.F.T. _____ C.C./B.C. _____ OTHER _____

AUTHORIZED SIGNATURE**RECEIPT**
CITY OF BEDFORD
POLICE DEPARTMENT_____
FUND

BEDFORD, IN, _____ 20 _____

RECEIVED FROM _____ \$ _____

THE SUM OF _____ DOLLARS

ON ACCOUNT OF _____
100**PAYMENT TYPE & AMOUNT**

CASH _____ CHECK _____ M.O. _____

E.F.T. _____ C.C./B.C. _____ OTHER _____

AUTHORIZED SIGNATURE



PACIFICO FORD, Inc.
Essington Ave. at 67th • (215) 492-1700
Philadelphia, PA 19153

77017
RECEIPT NO.

RECEIVED OF _____ DATE _____

DETAIL	ACCOUNT	NOTE	HOW PAID
AMOUNT DUE			CASH
AMOUNT PAID			CHECK
BALANCE DUE			DRAFT

BY _____ Thank You

CUST. (CTL) NO.	ACCOUNT	ACCT NO.	AMOUNT	KEY
	CONTS IN TRAN	1020		
	ACCT REC VEN	1110		
	ACCT REC VEN	1120		
	CASH SALES	1010		
	CUST DEPOSIT	2300		
	CUST ACCOMM	2310		
	CASH			
	CHKS			
	C.C.			
	CONTROL	1001		



PACIFICO FORD, Inc.
Essington Ave. at 67th • (215) 492-1700
Philadelphia, PA 19153

77018
RECEIPT NO.

RECEIVED OF _____ DATE _____

DETAIL	ACCOUNT	NOTE	HOW PAID
AMOUNT DUE			CASH
AMOUNT PAID			CHECK
BALANCE DUE			DRAFT

BY _____ Thank You

CUST. (CTL) NO.	ACCOUNT	ACCT NO.	AMOUNT	KEY
	CONTS IN TRAN	1020		
	ACCT REC VEN	1110		
	ACCT REC VEN	1120		
	CASH SALES	1010		
	CUST DEPOSIT	2300		
	CUST ACCOMM	2310		
	CASH			
	CHKS			
	C.C.			
	CONTROL	1001		



PACIFICO FORD, Inc.
Essington Ave. at 67th • (215) 492-1700
Philadelphia, PA 19153

77019
RECEIPT NO.

RECEIVED OF _____ DATE _____

DETAIL	ACCOUNT	NOTE	HOW PAID
AMOUNT DUE			CASH
AMOUNT PAID			CHECK
BALANCE DUE			DRAFT

BY _____ Thank You

CUST. (CTL) NO.	ACCOUNT	ACCT NO.	AMOUNT	KEY
	CONTS IN TRAN	1020		
	ACCT REC VEN	1110		
	ACCT REC VEN	1120		
	CASH SALES	1010		
	CUST DEPOSIT	2300		
	CUST ACCOMM	2310		
	CASH			
	CHKS			
	C.C.			
	CONTROL	1001		



PACIFICO FORD, Inc.
Essington Ave. at 67th • (215) 492-1700
Philadelphia, PA 19153

77020
RECEIPT NO.

RECEIVED OF _____ DATE _____

DETAIL	ACCOUNT	NOTE	HOW PAID
AMOUNT DUE			CASH
AMOUNT PAID			CHECK
BALANCE DUE			DRAFT

BY _____ Thank You

CUST. (CTL) NO.	ACCOUNT	ACCT NO.	AMOUNT	KEY
	CONTS IN TRAN	1020		
	ACCT REC VEN	1110		
	ACCT REC VEN	1120		
	CASH SALES	1010		
	CUST DEPOSIT	2300		
	CUST ACCOMM	2310		
	CASH			
	CHKS			
	C.C.			
	CONTROL	1001		



LEWIS-SMITH
SUPPLY CORP.
P. O. Drawer 6236
Dothan, AL 36302
(334) 793-5088

RECEIPT

DATE _____ NO. 008269

RECEIVED FROM _____

DOLLARS \$ _____

ACCOUNT _____ LEWIS-SMITH SUPPLY CORP.

PAYMENT TYPE

BY _____



LEWIS-SMITH
SUPPLY CORP.
P. O. Drawer 6236
Dothan, AL 36302
(334) 793-5088

RECEIPT

DATE _____ NO. 008270

RECEIVED FROM _____

DOLLARS \$ _____

ACCOUNT _____ LEWIS-SMITH SUPPLY CORP.

PAYMENT TYPE

BY _____



LEWIS-SMITH
SUPPLY CORP.
P. O. Drawer 6236
Dothan, AL 36302
(334) 793-5088

RECEIPT

DATE _____ NO. 008271

RECEIVED FROM _____

DOLLARS \$ _____

ACCOUNT _____ LEWIS-SMITH SUPPLY CORP.

PAYMENT TYPE

BY _____



LEWIS-SMITH
SUPPLY CORP.
P. O. Drawer 6236
Dothan, AL 36302
(334) 793-5088

RECEIPT

DATE _____ NO. 008272

RECEIVED FROM _____

DOLLARS \$ _____

ACCOUNT _____ LEWIS-SMITH SUPPLY CORP.

PAYMENT TYPE

BY _____



GOODE MOTORP.O. Box 130 - 1096 E. Main
Burley, ID 83318
(208) 878-5611**19041**
PURCHASE ORDER
SHOW THIS NUMBER
ON YOUR INVOICE

TO _____ DATE _____ 20__

ADDRESS _____

GENTLEMEN: PLEASE ENTER OUR ORDER FOR THE FOLLOWING MERCHANDISE:

QUANTITY	DESCRIPTION	PRICE	AMOUNT

FOR JOB NO. _____ ACCOUNT _____ APPROVED _____

GOODE MOTORP.O. Box 130 - 1096 E. Main
Burley, ID 83318
(208) 878-5611**19042**
PURCHASE ORDER
SHOW THIS NUMBER
ON YOUR INVOICE

TO _____ DATE _____ 20__

ADDRESS _____

GENTLEMEN: PLEASE ENTER OUR ORDER FOR THE FOLLOWING MERCHANDISE:

QUANTITY	DESCRIPTION	PRICE	AMOUNT

FOR JOB NO. _____ ACCOUNT _____ APPROVED _____

GOODE MOTORP.O. Box 130 - 1096 E. Main
Burley, ID 83318
(208) 878-5611**19043**
PURCHASE ORDER
SHOW THIS NUMBER
ON YOUR INVOICE

TO _____ DATE _____ 20__

ADDRESS _____

GENTLEMEN: PLEASE ENTER OUR ORDER FOR THE FOLLOWING MERCHANDISE:

QUANTITY	DESCRIPTION	PRICE	AMOUNT

FOR JOB NO. _____ ACCOUNT _____ APPROVED _____

GOODE MOTORP.O. Box 130 - 1096 E. Main
Burley, ID 83318
(208) 878-5611**19044**
PURCHASE ORDER
SHOW THIS NUMBER
ON YOUR INVOICE

TO _____ DATE _____ 20__

ADDRESS _____

GENTLEMEN: PLEASE ENTER OUR ORDER FOR THE FOLLOWING MERCHANDISE:

QUANTITY	DESCRIPTION	PRICE	AMOUNT

FOR JOB NO. _____ ACCOUNT _____ APPROVED _____



BALDWIN COUNTY BOARD OF EDUCATION

CNP Meal Voucher

50309

Date: _____

SCHOOL NAME: _____

Please Check One:

THIS VOUCHER ENTITLES STUDENT TO ONE (1) MEAL

Elem/Middle: ☐ \$2.25

Student Name: _____

High School: ☐ \$2.50

Authorized by: _____



BALDWIN COUNTY BOARD OF EDUCATION

CNP Meal Voucher

50310

Date: _____

SCHOOL NAME: _____

Please Check One:

THIS VOUCHER ENTITLES STUDENT TO ONE (1) MEAL

Elem/Middle: ☐ \$2.25

Student Name: _____

High School: ☐ \$2.50

Authorized by: _____



BALDWIN COUNTY BOARD OF EDUCATION

CNP Meal Voucher

50311

Date: _____

SCHOOL NAME: _____

Please Check One:

THIS VOUCHER ENTITLES STUDENT TO ONE (1) MEAL

Elem/Middle: ☐ \$2.25

Student Name: _____

High School: ☐ \$2.50

Authorized by: _____



BALDWIN COUNTY BOARD OF EDUCATION

CNP Meal Voucher

50312

Date: _____

SCHOOL NAME: _____

Please Check One:

THIS VOUCHER ENTITLES STUDENT TO ONE (1) MEAL

Elem/Middle: ☐ \$2.25

Student Name: _____

High School: ☐ \$2.50

Authorized by: _____

SCHOOL DISTRICT OF WISCONSIN DELLS
WISCONSIN DELLS, WI 53965

**CASH
RECEIPT**

Date _____

91261

Received From _____

Address _____

Dollars \$ _____

For _____

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER <input type="checkbox"/>		
			CREDIT CARD <input type="checkbox"/>		

By _____

SCHOOL DISTRICT OF WISCONSIN DELLS
WISCONSIN DELLS, WI 53965

**CASH
RECEIPT**

Date _____

91262

Received From _____

Address _____

Dollars \$ _____

For _____

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER <input type="checkbox"/>		
			CREDIT CARD <input type="checkbox"/>		

By _____

SCHOOL DISTRICT OF WISCONSIN DELLS
WISCONSIN DELLS, WI 53965

**CASH
RECEIPT**

Date _____

91263

Received From _____

Address _____

Dollars \$ _____

For _____

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER <input type="checkbox"/>		
			CREDIT CARD <input type="checkbox"/>		

By _____

SCHOOL DISTRICT OF WISCONSIN DELLS
WISCONSIN DELLS, WI 53965

**CASH
RECEIPT**

Date _____

91264

Received From _____

Address _____

Dollars \$ _____

For _____

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER <input type="checkbox"/>		
			CREDIT CARD <input type="checkbox"/>		

By _____

SPALDING COUNTY SHERIFF'S OFFICE

401 Justice Blvd.
GRIFFIN, GEORGIA 30224
770-467-4282

81709

Date _____ 20__

RECEIVED FROM _____

DOLLARS \$ _____

FOR _____

Check ☐

Cash ☐

Money Order ☐

SPALDING COUNTY SHERIFF'S OFFICE

Per _____

SPALDING COUNTY SHERIFF'S OFFICE

401 Justice Blvd.
GRIFFIN, GEORGIA 30224
770-467-4282

81710

Date _____ 20__

RECEIVED FROM _____

DOLLARS \$ _____

FOR _____

Check ☐

Cash ☐

Money Order ☐

SPALDING COUNTY SHERIFF'S OFFICE

Per _____

SPALDING COUNTY SHERIFF'S OFFICE

401 Justice Blvd.
GRIFFIN, GEORGIA 30224
770-467-4282

81711

Date _____ 20__

RECEIVED FROM _____

DOLLARS \$ _____

FOR _____

Check ☐

Cash ☐

Money Order ☐

SPALDING COUNTY SHERIFF'S OFFICE

Per _____

SPALDING COUNTY SHERIFF'S OFFICE

401 Justice Blvd.
GRIFFIN, GEORGIA 30224
770-467-4282

81712

Date _____ 20__

RECEIVED FROM _____

DOLLARS \$ _____

FOR _____

Check ☐

Cash ☐

Money Order ☐

SPALDING COUNTY SHERIFF'S OFFICE

Per _____



CAMP ZICHRON ZVI DOVID
מחנה שלוח זכרון צבי דוד ד'באבוב
נתינתה ע"י כ"ס מן אדמור ומוקל / נשואות כ"ס מן אדמור ומוקל

OFFICIAL RECEIPT

22525

Date _____

City Address: 1469 48th Street / Brooklyn, NY 11219 / 718.705.7206

Camp Address: 653 Heiden Road / South Fallsburg, NY 12779 / 845.434.3410

Received From _____

Address _____

Dollars _____

For _____

AMOUNT			HOW PAID		
Amt. of Account			Cash		
Amt. Paid			Check		
Balance Due			Money Order		

By _____



CAMP ZICHRON ZVI DOVID
מחנה שלוח זכרון צבי דוד ד'באבוב
נתינתה ע"י כ"ס מן אדמור ומוקל / נשואות כ"ס מן אדמור ומוקל

OFFICIAL RECEIPT

22526

Date _____

City Address: 1469 48th Street / Brooklyn, NY 11219 / 718.705.7206

Camp Address: 653 Heiden Road / South Fallsburg, NY 12779 / 845.434.3410

Received From _____

Address _____

Dollars _____

For _____

AMOUNT			HOW PAID		
Amt. of Account			Cash		
Amt. Paid			Check		
Balance Due			Money Order		

By _____



CAMP ZICHRON ZVI DOVID
מחנה שלוח זכרון צבי דוד ד'באבוב
נתינתה ע"י כ"ס מן אדמור ומוקל / נשואות כ"ס מן אדמור ומוקל

OFFICIAL RECEIPT

22527

Date _____

City Address: 1469 48th Street / Brooklyn, NY 11219 / 718.705.7206

Camp Address: 653 Heiden Road / South Fallsburg, NY 12779 / 845.434.3410

Received From _____

Address _____

Dollars _____

For _____

AMOUNT			HOW PAID		
Amt. of Account			Cash		
Amt. Paid			Check		
Balance Due			Money Order		

By _____



CAMP ZICHRON ZVI DOVID
מחנה שלוח זכרון צבי דוד ד'באבוב
נתינתה ע"י כ"ס מן אדמור ומוקל / נשואות כ"ס מן אדמור ומוקל

OFFICIAL RECEIPT

22528

Date _____

City Address: 1469 48th Street / Brooklyn, NY 11219 / 718.705.7206

Camp Address: 653 Heiden Road / South Fallsburg, NY 12779 / 845.434.3410

Received From _____

Address _____

Dollars _____

For _____

AMOUNT			HOW PAID		
Amt. of Account			Cash		
Amt. Paid			Check		
Balance Due			Money Order		

By _____

STATE OF ALABAMA
Jefferson County Circuit Clerk
Circuit Criminal Division Room 901
801 Richard Arrington Jr. Blvd. North
Birmingham, Alabama 35203

RECEIPT

DATE _____ NO. _____

2001

RECEIVED FROM _____

ADDRESS _____

FOR _____ \$ _____

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER		

BY _____

STATE OF ALABAMA
Jefferson County Circuit Clerk
Circuit Criminal Division Room 901
801 Richard Arrington Jr. Blvd. North
Birmingham, Alabama 35203

RECEIPT

DATE _____ NO. _____

2002

RECEIVED FROM _____

ADDRESS _____

FOR _____ \$ _____

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER		

BY _____

STATE OF ALABAMA
Jefferson County Circuit Clerk
Circuit Criminal Division Room 901
801 Richard Arrington Jr. Blvd. North
Birmingham, Alabama 35203

RECEIPT

DATE _____ NO. _____

2003

RECEIVED FROM _____

ADDRESS _____

FOR _____ \$ _____

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER		

BY _____

STATE OF ALABAMA
Jefferson County Circuit Clerk
Circuit Criminal Division Room 901
801 Richard Arrington Jr. Blvd. North
Birmingham, Alabama 35203

RECEIPT

DATE _____ NO. _____

2004

RECEIVED FROM _____

ADDRESS _____

FOR _____ \$ _____

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER		

BY _____

ACCOUNTS LOCK NO. ☐ CASH ☐ CHECK
RECEIVED OF

DATE / / 20
☐ DRAFT ☐ MONEY ORDER

ADDRESS _____

BARBER HONDA
4500 Wible Road
Bakersfield, California 93313
(661) 396-4200

DETAIL	ACCOUNT	NOTE
AMOUNT DUE		
AMOUNT PAID		
BALANCE DUE		

by _____ *Thank You*

ACCOUNTS LOCK NO. ☐ CASH ☐ CHECK
RECEIVED OF

DATE / / 20
☐ DRAFT ☐ MONEY ORDER

ADDRESS _____

BARBER HONDA
4500 Wible Road
Bakersfield, California 93313
(661) 396-4200

DETAIL	ACCOUNT	NOTE
AMOUNT DUE		
AMOUNT PAID		
BALANCE DUE		

by _____ *Thank You*

ACCOUNTS LOCK NO. ☐ CASH ☐ CHECK
RECEIVED OF

DATE / / 20
☐ DRAFT ☐ MONEY ORDER

ADDRESS _____

BARBER HONDA
4500 Wible Road
Bakersfield, California 93313
(661) 396-4200

DETAIL	ACCOUNT	NOTE
AMOUNT DUE		
AMOUNT PAID		
BALANCE DUE		

by _____ *Thank You*

ACCOUNTS LOCK NO. ☐ CASH ☐ CHECK
RECEIVED OF

DATE / / 20
☐ DRAFT ☐ MONEY ORDER

ADDRESS _____

BARBER HONDA
4500 Wible Road
Bakersfield, California 93313
(661) 396-4200

DETAIL	ACCOUNT	NOTE
AMOUNT DUE		
AMOUNT PAID		
BALANCE DUE		

by _____ *Thank You*

ACCOUNTS LOCK NO. ☐ CASH ☐ CHECK
RECEIVED OF

DATE / / 20
☐ DRAFT ☐ MONEY ORDER

ADDRESS _____

BARBER HONDA
4500 Wible Road
Bakersfield, California 93313
(661) 396-4200

DETAIL	ACCOUNT	NOTE
AMOUNT DUE		
AMOUNT PAID		
BALANCE DUE		

by _____ *Thank You*

ACCOUNTS LOCK NO. ☐ CASH ☐ CHECK
RECEIVED OF

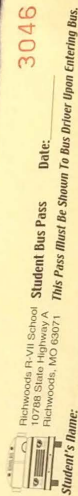
DATE / / 20
☐ DRAFT ☐ MONEY ORDER

ADDRESS _____

BARBER HONDA
4500 Wible Road
Bakersfield, California 93313
(661) 396-4200

DETAIL	ACCOUNT	NOTE
AMOUNT DUE		
AMOUNT PAID		
BALANCE DUE		

by _____ *Thank You*



3046

Student Bus Pass

Date:

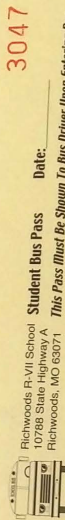
This Pass Must Be Shown To Bus Driver Upon Entering Bus.

Student's Name:

The above student has permission to ride bus route # _____ for _____ days

Starting Date:	Ending Date:
Destination/Reason:	
Authorized Signature:	Title:

THIS PASS MAY BE REVOKED AT ANY TIME FOR POOR CONDUCT OR WHILE WAITING FOR THE BUS.



3047

Student Bus Pass

Date:

This Pass Must Be Shown To Bus Driver Upon Entering Bus.

Student's Name:

The above student has permission to ride bus route # _____ for _____ days

Starting Date:	Ending Date:
Destination/Reason:	
Authorized Signature:	Title:

THIS PASS MAY BE REVOKED AT ANY TIME FOR POOR CONDUCT OR WHILE WAITING FOR THE BUS.



3048

Student Bus Pass

Date:

This Pass Must Be Shown To Bus Driver Upon Entering Bus.

Student's Name:

The above student has permission to ride bus route # _____ for _____ days

Starting Date:	Ending Date:
Destination/Reason:	
Authorized Signature:	Title:

THIS PASS MAY BE REVOKED AT ANY TIME FOR POOR CONDUCT OR WHILE WAITING FOR THE BUS.



3043

Student Bus Pass

Date:

This Pass Must Be Shown To Bus Driver Upon Entering Bus.

Student's Name:

The above student has permission to ride bus route # _____ for _____ days

Starting Date:	Ending Date:
Destination/Reason:	
Authorized Signature:	Title:

THIS PASS MAY BE REVOKED AT ANY TIME FOR POOR CONDUCT OR WHILE WAITING FOR THE BUS.



3044

Student Bus Pass

Date:

This Pass Must Be Shown To Bus Driver Upon Entering Bus.

Student's Name:

The above student has permission to ride bus route # _____ for _____ days

Starting Date:	Ending Date:
Destination/Reason:	
Authorized Signature:	Title:

THIS PASS MAY BE REVOKED AT ANY TIME FOR POOR CONDUCT OR WHILE WAITING FOR THE BUS.



3045

Student Bus Pass

Date:

This Pass Must Be Shown To Bus Driver Upon Entering Bus.

Student's Name:

The above student has permission to ride bus route # _____ for _____ days

Starting Date:	Ending Date:
Destination/Reason:	
Authorized Signature:	Title:

THIS PASS MAY BE REVOKED AT ANY TIME FOR POOR CONDUCT OR WHILE WAITING FOR THE BUS.



CASH RECEIPT
GENERAL CASHIER

- ☐ CENTRAL
☐ NORTH
☐ SOUTH
☐ GERMANTOWN

ACCOUNT NUMBER

DATE

AMOUNT

\$

RECEIVED
OF

FOR

- ☐ CASH
☐ CHECK
☐ MONEY ORDER
☐ CREDIT CARD

REC. BY

Thank you



CASH RECEIPT
GENERAL CASHIER

- ☐ CENTRAL
☐ NORTH
☐ SOUTH
☐ GERMANTOWN

ACCOUNT NUMBER

DATE

AMOUNT

\$

RECEIVED
OF

FOR

- ☐ CASH
☐ CHECK
☐ MONEY ORDER
☐ CREDIT CARD

REC. BY

Thank you



CASH RECEIPT
GENERAL CASHIER

- ☐ CENTRAL
☐ NORTH
☐ SOUTH
☐ GERMANTOWN

ACCOUNT NUMBER

DATE

AMOUNT

\$

RECEIVED
OF

FOR

- ☐ CASH
☐ CHECK
☐ MONEY ORDER
☐ CREDIT CARD

REC. BY

Thank you

DATE / /

RECEIVED
OF

ADDRESS

DOLLARS \$

ROBERTSON FURNITURE CO.

Office: 572-2428
119 Plaza Street
West Helena, AR 72390

by

Thank You

ACCT. BAL.		CASH	
LATE CHARGE		CHECK	
AMT. PAID		MONEY ORDER	
NEW BAL.		MAILED	

DATE / /

RECEIVED
OF

ADDRESS

DOLLARS \$

ROBERTSON FURNITURE CO.

Office: 572-2428
119 Plaza Street
West Helena, AR 72390

by

Thank You

ACCT. BAL.		CASH	
LATE CHARGE		CHECK	
AMT. PAID		MONEY ORDER	
NEW BAL.		MAILED	

DATE / /

RECEIVED
OF

ADDRESS

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Office: 572-2428
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by

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ACCT. BAL.		CASH	
LATE CHARGE		CHECK	
AMT. PAID		MONEY ORDER	
NEW BAL.		MAILED	

DATE / /

RECEIVED
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119 Plaza Street
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LATE CHARGE		CHECK	
AMT. PAID		MONEY ORDER	
NEW BAL.		MAILED	

DATE / /

RECEIVED
OF

ADDRESS

DOLLARS \$

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Office: 572-2428
119 Plaza Street
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by

Thank You

ACCT. BAL.		CASH	
LATE CHARGE		CHECK	
AMT. PAID		MONEY ORDER	
NEW BAL.		MAILED	

DATE / /

RECEIVED
OF

ADDRESS

DOLLARS \$

ROBERTSON FURNITURE CO.

Office: 572-2428
119 Plaza Street
West Helena, AR 72390

by

Thank You

ACCT. BAL.		CASH	
LATE CHARGE		CHECK	
AMT. PAID		MONEY ORDER	
NEW BAL.		MAILED	

McELROY, INC.
union 120056

\$ _____
WAYNESVILLE, N.C. 28786 _____
Received of _____
Address _____
DOLLARS

CASH	
DISCOUNT	
TOTAL	

"Thank You" McELROY, INC.
Per _____

McELROY, INC.
union 120051

\$ _____
WAYNESVILLE, N.C. 28786 _____
Received of _____
Address _____
DOLLARS

CASH	
DISCOUNT	
TOTAL	

"Thank You" McELROY, INC.
Per _____

McELROY, INC.
union 120057

\$ _____
WAYNESVILLE, N.C. 28786 _____
Received of _____
Address _____
DOLLARS

CASH	
DISCOUNT	
TOTAL	

"Thank You" McELROY, INC.
Per _____

McELROY, INC.
union 120052

\$ _____
WAYNESVILLE, N.C. 28786 _____
Received of _____
Address _____
DOLLARS

CASH	
DISCOUNT	
TOTAL	

"Thank You" McELROY, INC.
Per _____

McELROY, INC.
union 120058

\$ _____
WAYNESVILLE, N.C. 28786 _____
Received of _____
Address _____
DOLLARS

CASH	
DISCOUNT	
TOTAL	

"Thank You" McELROY, INC.
Per _____

McELROY, INC.
union 120053

\$ _____
WAYNESVILLE, N.C. 28786 _____
Received of _____
Address _____
DOLLARS

CASH	
DISCOUNT	
TOTAL	

"Thank You" McELROY, INC.
Per _____

McELROY, INC.
union 120059

\$ _____
WAYNESVILLE, N.C. 28786 _____
Received of _____
Address _____
DOLLARS

CASH	
DISCOUNT	
TOTAL	

"Thank You" McELROY, INC.
Per _____

McELROY, INC.
union 120054

\$ _____
WAYNESVILLE, N.C. 28786 _____
Received of _____
Address _____
DOLLARS

CASH	
DISCOUNT	
TOTAL	

"Thank You" McELROY, INC.
Per _____

McELROY, INC.
union 120060

\$ _____
WAYNESVILLE, N.C. 28786 _____
Received of _____
Address _____
DOLLARS

CASH	
DISCOUNT	
TOTAL	


"Thank You" McELROY, INC.
Per _____

McELROY, INC.
union 120055

\$ _____
WAYNESVILLE, N.C. 28786 _____
Received of _____
Address _____
DOLLARS

CASH	
DISCOUNT	
TOTAL	


"Thank You" McELROY, INC.
Per _____

 **Jenkins Pool Side Rentals**
1 Wave Rd
Panama City Beach, Florida

Received From: _____ Date: _____

For: _____ Dollars \$ _____ Cash ☐ Check ☐


Am't. of Acct. \$ _____ Jenkins Pool Side Rentals
Amount Paid \$ _____ Thank You!
Balance Due \$ _____ By: _____

 **Jenkins Pool Side Rentals**
1 Wave Rd
Panama City Beach, Florida

Received From: _____ Date: _____

For: _____ Dollars \$ _____ Cash ☐ Check ☐


Am't. of Acct. \$ _____ Jenkins Pool Side Rentals
Amount Paid \$ _____ Thank You!
Balance Due \$ _____ By: _____

 **Jenkins Pool Side Rentals**
1 Wave Rd
Panama City Beach, Florida

Received From: _____ Date: _____

For: _____ Dollars \$ _____ Cash ☐ Check ☐


Am't. of Acct. \$ _____ Jenkins Pool Side Rentals
Amount Paid \$ _____ Thank You!
Balance Due \$ _____ By: _____

 **Jenkins Pool Side Rentals**
1 Wave Rd
Panama City Beach, Florida

Received From: _____ Date: _____

For: _____ Dollars \$ _____ Cash ☐ Check ☐


Am't. of Acct. \$ _____ Jenkins Pool Side Rentals
Amount Paid \$ _____ Thank You!
Balance Due \$ _____ By: _____

 **Jenkins Pool Side Rentals**
1 Wave Rd
Panama City Beach, Florida

Received From: _____ Date: _____

For: _____ Dollars \$ _____ Cash ☐ Check ☐


Am't. of Acct. \$ _____ Jenkins Pool Side Rentals
Amount Paid \$ _____ Thank You!
Balance Due \$ _____ By: _____

 **Jenkins Pool Side Rentals**
1 Wave Rd
Panama City Beach, Florida

Received From: _____ Date: _____

For: _____ Dollars \$ _____ Cash ☐ Check ☐


Am't. of Acct. \$ _____ Jenkins Pool Side Rentals
Amount Paid \$ _____ Thank You!
Balance Due \$ _____ By: _____

 **Jenkins Pool Side Rentals**
1 Wave Rd
Panama City Beach, Florida

Received From: _____ Date: _____

For: _____ Dollars \$ _____ Cash ☐ Check ☐


Am't. of Acct. \$ _____ Jenkins Pool Side Rentals
Amount Paid \$ _____ Thank You!
Balance Due \$ _____ By: _____

 **Jenkins Pool Side Rentals**
1 Wave Rd
Panama City Beach, Florida

Received From: _____ Date: _____

For: _____ Dollars \$ _____ Cash ☐ Check ☐


Am't. of Acct. \$ _____ Jenkins Pool Side Rentals
Amount Paid \$ _____ Thank You!
Balance Due \$ _____ By: _____

 **Jenkins Pool Side Rentals**
1 Wave Rd
Panama City Beach, Florida

Received From: _____ Date: _____

For: _____ Dollars \$ _____ Cash ☐ Check ☐

Am't. of Acct. \$ _____ Jenkins Pool Side Rentals
Amount Paid \$ _____ Thank You!
Balance Due \$ _____ By: _____

 **Jenkins Pool Side Rentals**
1 Wave Rd
Panama City Beach, Florida

Received From: _____ Date: _____

For: _____ Dollars \$ _____ Cash ☐ Check ☐

Am't. of Acct. \$ _____ Jenkins Pool Side Rentals
Amount Paid \$ _____ Thank You!
Balance Due \$ _____ By: _____



Yeshivat Lev Torah
3300 Kings Highway
Brooklyn, NY 11234
718-891-8644

RECEIVED FROM _____

DATE _____ 20 ____

ADDRESS _____

THE SUM OF _____

DOLLARS \$ _____

☐ Registration ☐ Tuition ☐ Books
☐ Graduation ☐ Other _____

☐ Cash ☐ Credit
☐ Check No. _____

SIGNATURE _____

Thank You



Yeshivat Lev Torah
3300 Kings Highway
Brooklyn, NY 11234
718-891-8644

RECEIVED FROM _____

DATE _____ 20 ____

ADDRESS _____

THE SUM OF _____

DOLLARS \$ _____

☐ Registration ☐ Tuition ☐ Books
☐ Graduation ☐ Other _____

☐ Cash ☐ Credit
☐ Check No. _____

SIGNATURE _____

Thank You



Yeshivat Lev Torah
3300 Kings Highway
Brooklyn, NY 11234
718-891-8644

RECEIVED FROM _____

DATE _____ 20 ____

ADDRESS _____

THE SUM OF _____

DOLLARS \$ _____

☐ Registration ☐ Tuition ☐ Books
☐ Graduation ☐ Other _____

☐ Cash ☐ Credit
☐ Check No. _____

SIGNATURE _____

Thank You

BUS PASS - MARR / COOK ELEMENTARY-BUS PASS

6700 GOSHEN RD - GOSHEN, OHIO 54122
PHONE (513) 722-2223

28221

_____ IS PERMITTED TO RIDE BUS # _____
TO _____ DATE EFFECTIVE _____
INSTRUCTIONS _____
SIGNATURE _____ NOTE _____
TEACHER _____ PARENT CALLED _____

ANY ABUSE OF THIS PASS WILL RESULT
IN WITHDRAWAL OF THIS PRIVILEGE

BUS PASS - MARR / COOK ELEMENTARY-BUS PASS

6700 GOSHEN RD - GOSHEN, OHIO 54122
PHONE (513) 722-2223

28222

_____ IS PERMITTED TO RIDE BUS # _____
TO _____ DATE EFFECTIVE _____
INSTRUCTIONS _____
SIGNATURE _____ NOTE _____
TEACHER _____ PARENT CALLED _____

ANY ABUSE OF THIS PASS WILL RESULT
IN WITHDRAWAL OF THIS PRIVILEGE

BUS PASS - MARR / COOK ELEMENTARY-BUS PASS

6700 GOSHEN RD - GOSHEN, OHIO 54122
PHONE (513) 722-2223

28223

_____ IS PERMITTED TO RIDE BUS # _____
TO _____ DATE EFFECTIVE _____
INSTRUCTIONS _____
SIGNATURE _____ NOTE _____
TEACHER _____ PARENT CALLED _____

ANY ABUSE OF THIS PASS WILL RESULT
IN WITHDRAWAL OF THIS PRIVILEGE

BUS PASS - MARR / COOK ELEMENTARY-BUS PASS

6700 GOSHEN RD - GOSHEN, OHIO 54122
PHONE (513) 722-2223

28224

_____ IS PERMITTED TO RIDE BUS # _____
TO _____ DATE EFFECTIVE _____
INSTRUCTIONS _____
SIGNATURE _____ NOTE _____
TEACHER _____ PARENT CALLED _____

ANY ABUSE OF THIS PASS WILL RESULT
IN WITHDRAWAL OF THIS PRIVILEGE

TARDY SLIP

Georgia Christian School

Name: _____
Date: _____ Time In: _____
Class: _____
Reason: _____
Excused: ☐ Unexcused: ☐ Staff: _____

TARDY SLIP

Georgia Christian School

Name: _____
Date: _____ Time In: _____
Class: _____
Reason: _____
Excused: ☐ Unexcused: ☐ Staff: _____

TARDY SLIP

Georgia Christian School

Name: _____
Date: _____ Time In: _____
Class: _____
Reason: _____
Excused: ☐ Unexcused: ☐ Staff: _____

TARDY SLIP

Georgia Christian School

Name: _____
Date: _____ Time In: _____
Class: _____
Reason: _____
Excused: ☐ Unexcused: ☐ Staff: _____

TARDY SLIP

Georgia Christian School

Name: _____
Date: _____ Time In: _____
Class: _____
Reason: _____
Excused: ☐ Unexcused: ☐ Staff: _____

TARDY SLIP

Georgia Christian School

Name: _____
Date: _____ Time In: _____
Class: _____
Reason: _____
Excused: ☐ Unexcused: ☐ Staff: _____

TARDY SLIP

Georgia Christian School

Name: _____
Date: _____ Time In: _____
Class: _____
Reason: _____
Excused: ☐ Unexcused: ☐ Staff: _____

TARDY SLIP

Georgia Christian School

Name: _____
Date: _____ Time In: _____
Class: _____
Reason: _____
Excused: ☐ Unexcused: ☐ Staff: _____

015076

Signature of Licensee _____

To be excluded from any list of names sold by ADCNR, please check this box []

To be excluded from emails from ADCNR, please check this box []

015077

Signature of Licensee _____
 To be excluded from any list of names sold by ADCNR, please check this box []
 To be excluded from emails from ADCNR, please check this box []

015078

Signature of Licensee _____

To be excluded from any list of names sold by ADCNR, please check this box []

To be excluded from emails from ADCNR, please check this box []

015079

Issuing Agent _____

Signature of Licensee _____

To be excluded from any list of names sold by ADCNR, please check this box []

To be excluded from emails from ADCNR, please check this box []

015080

Issuing Agent _____

Signature of Licensee _____

To be excluded from any list of names sold by ADCNR, please check this box []

To be excluded from emails from ADCNR, please check this box []

015071

Signature of Licensee _____
 To be excluded from any list of names sold by ADCNR, please check this box []
 To be excluded from emails from ADCNR, please check this box []

015072

Signature of Licensee _____
 To be excluded from any list of names sold by ADCNR, please check this box []
 To be excluded from emails from ADCNR, please check this box []

015073

Issuing Agent _____

Signature of Licensee _____

To be excluded from any list of names sold by ADCNR, please check this box []

To be excluded from emails from ADCNR, please check this box []

015074

Signature of Licensee _____
 To be excluded from any list of names sold by ADCNR, please check this box []
 To be excluded from emails from ADCNR, please check this box []

015075

Signature of Licensee _____
 To be excluded from any list of names sold by ADCNR, please check this box []
 To be excluded from emails from ADCNR, please check this box []