



BERT OGDEN CHEVROLET, INC.

THE NEW H120
HUMMER
LIKE NOTHING ELSE.

1400 E. EXPRESSWAY 83
MISSION, TEXAS 78572
PHONE (956) 581-1111
www.bertogden.com



RECEIVED

JAN 28 2015



SERVICE DEPT. HOURS
MONDAY - FRIDAY
7:00 A.M. - 6:00 P.M.

Hidalgo County Health & Human Services

Attn: Rigo Hinojosa

PARTS DEPT. HOURS
MONDAY - FRIDAY
7:00 A.M. - 6:00 P.M.

CUSTOMER NO. 219685	ADVISOR RURY	TAG NO. 124345	INVOICE DATE 01/28/15	INVOICE NO. RVCP616578
HIDALGO COUNTY HEALTH DEPT. 1304 S 25TH AVE EDINBURG, TX 78542-7205		LICENSE NO. 13/RECREATIONAL VEHICLE/TURTLETOP	COLOR 0 WHITE/	STOCK NO.
RESIDENCE PHONE 956-383-6221	BUSINESS PHONE 956-821-7440	VEHICLE I.D. NO. 1 2 9 1 E 1 6 2 4 D N 4 2 7 0 2 7	DELIVERY DATE	DELIVERY MILES
LABOR & PARTS		R.T.E. NO.	SELLING DEALER NO.	PRODUCTION DATE
		P.O. NO.	F.O. DATE 07/09/14	
		COMMENTS		

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
CUST STATES REPAIR AS PER ESTIMATE R/R PLASTIC HANDLES					
JOB # 1	2	12043059	HEX SCRW	1.01	2.02
JOB # 1	1	12044537	NYLON INSERT	0.11	0.11
				JOB # 1 TOTAL PARTS	2.13
				JOB # 1 TOTAL LABOR & PARTS	362.13

TOTALS	TOTAL LABOR....	360.00
	TOTAL PARTS....	2.13
	TOTAL SUBLET....	0.00
	TOTAL G.O.G....	0.00
	TOTAL MISC CHG....	0.00
	TOTAL MISC DISC	0.00
	TOTAL TAX.....	0.00
	TOTAL INVOICE \$	362.13

CUSTOMER SIGNATURE

INVOICE RECEIVED BY:
Jeanette Palacios DATE 1/28/15

GOODS/SERVICES RECEIVED BY:
Rigo Hinojosa DATE 7/9/14

SY-1100-441-00-340-001 -0- 430

PYMT AMOUNT \$ 362.13 PO# 719059

APPROVED BY: _____

I hereby authorize the repair work to be done along with the necessary material, and hereby grant you under your employed permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. In consideration of repair and/or service work on the motor vehicle described herein, performed or to be performed by Bert Ogden Chevrolet, Inc. (DEALER) and as usually for the payment of charges for said work, CUSTOMER, whose signature appears hereon, after as Owner or Agent of Owner, hereby grants to DEALER a security interest in said vehicle (hereinafter called COLLATERAL). CUSTOMER agrees that DEALER'S acceptance of parts or materials payments or failure of DEALER to exercise any right or remedy shall not be a waiver of any obligation of CUSTOMER or agent of DEALER or constitute a waiver of any other similar default subsequently occurring. CUSTOMER shall be in default under this combined Security Agreement upon the happening of any of the following events or conditions:

1. Failure of CUSTOMER to pay DEALER'S charges in full at the time of possession of COLLATERAL is returned to CUSTOMER or in the event CUSTOMER is charged for credit by DEALER, failure to pay DEALER'S charges in full within thirty (30) days from the date of DEALER'S invoice.
2. Any time DEALER believes that the prospect for payment of this obligation secured hereby is impaired.

In the event of default, DEALER shall have the right at DEALER'S option to repossess and sell, without Court Order, COLLATERAL at public or private sale, and DEALER may be the Purchaser at such sale for reasonable value, and CUSTOMER shall pay all reasonable attorney's fees and costs of repossession, storage and sale of COLLATERAL. In the event repossession occurs, CUSTOMER agrees to surrender Title Certificate to COLLATERAL, and assign same to DEALER. CUSTOMER authorizes DEALER, in the event of default, to repossess COLLATERAL without demand, and for the purpose to enter upon any premises where the COLLATERAL is located, DEALER shall, in addition, have all the right and remedies provided by the Uniform Commercial Code.

CUSTOMER hereby acknowledges that this combined Security Agreement and Check Account Agreement was completed before signature by CUSTOMER and a copy hereof was delivered to CUSTOMER at the time of signing.

NOTICE PURSUANT TO PROPERTY CODE, §70.001
I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR AGREEMENT. I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH THE BUSINESS & COMMERCE CODE, §9.609, IF PAYMENT FOR THE REPAIR OF THE MOTOR VEHICLE BY A CHECK, MONEY ORDER, OR A CREDIT CARD TRANSACTION IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE MAKER OR DRAWER OF THE ORDER OR THE CREDIT CARD HOLDER HAS NO ACCOUNT OR THE ACCOUNT UPON WHICH IT IS DRAWN OR THE CREDIT CARD ACCOUNT HAS BEEN CLOSED.

THANK YOU FOR THIS OPPORTUNITY TO SERVE YOU. IT IS OUR AIM TO PERFORM ALL THE REPAIRS REQUESTED ON THIS REPAIR ORDER TO YOUR COMPLETE SATISFACTION. IF OUR SERVICE WAS SATISFACTORY TELL YOUR FRIENDS, IF NOT, PLEASE TELL US IMMEDIATELY.

SERVICE DEPT. HOURS:
7:00 A.M. TO 6:00 P.M.
Monday thru Friday

PARTS DEPT. HOURS
7:00 A.M. TO 6:00 P.M.
Monday thru Friday

REORDER: CALL THE EPHESIANS GROUP 956-793-4440 BOC / CINV/LZ

ESTIMATE OF REPAIRS

BERT OGDEN
RIO GRANDE VALLEY RECREATIONAL VEHICLE CENTER, INC.
 1404 East Expressway 83
 Mission, Texas 78572
 (956) 581-1111 • Fax (956) 580-4906

NAME Hidalgo County Health Dept. DATE _____
 ADDRESS 1304 S. 25th Ave. Edinburg, TX 78542 PHONE 956-383-6221
 INSURED BY _____ ADJUSTER _____ PHONE _____

BELOW IS OUR ESTIMATE TO REPAIR YOUR VEHICLE YEAR 13 MAKE _____ COLOR _____

MODEL	LICENSE NO	VEHICLE I.D. NO.		MILEAGE	
<u>16H170P</u>		<u>1Z91E1U24DN427027</u>		<u>0</u>	
PART NUMBER	PARTS NECESSARY AND ESTIMATE OF LABOR REQUIRED		PAINT ESTIMATE	LABOR ESTIMATE	PARTS ESTIMATE
	<u>R/R Plastic Handles</u>			<u>300.00</u>	
	<u>Shop Supplies</u>		<u>2</u>	<u>13</u>	
	SUBTOTAL		<u>2</u>	<u>13</u>	<u>300.00</u>
	WRECKER SERVICE				
	TAX		<u>18</u>		
	TOTAL ESTIMATE		<u>302</u>	<u>31</u>	

The above is an estimate based on our inspection and does not cover any additional parts or labor which may be required after the work has been opened up. Occasionally, after the work has started, damaged or broken parts are discovered which are not evident on the first inspection.

SIGNED _____

BY _____

AUTHORIZATION FOR REPAIRS

YOU ARE HEREBY AUTHORIZED TO MAKE THE ABOVE SPECIFIED REPAIRS.

SIGNED _____ DATE _____



Purchase Order COUNTY OF HIDALGO

PO# 719059

DATE: 01/08/15

PAGE NO: 1 Of 1

PO TYPE:

VENDOR: 291277

REQ: 00269013

PHONE:

EMAIL:

SHIP TO: HEALTH DEPARTMENT

1304 S. 25TH
EDINBURG TX 78539

BERT OGDEN RGV RV CENTER, INC.
1400 E. EXPRESSWAY 83
MISSION TX 78572

CONTACT:

SITE: HEALTH

CONTRACT NO:

RECEIVED

JAN 09 2015

Hidalgo County Health & Human Services

SPECIAL INSTRUCTIONS:

VENDOR NOTES

- 1 Do not add to, or alter this Purchase Order. This Order is not renewable.
- 2 TAX EXEMPTION. This Purchase Order may be accepted in lieu of Exemption Certificate.
- 3 This Order is also placed F.O.B. Destination. Vendor must repay all shipping costs.
- 4 Invoice each Purchase Order singly. Original invoices are required customer copy may be accepted. Out number must appear on all invoices, bills of lading, and packages.
- 5 Payment will be made only for bona fide and full completed orders, unless otherwise attached.

QTY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
		Morgue Unit 2, year 2013, LP 900-6696, VIN 5UZBE1825BD017528		
1.00	EACH	OM Replace Plastic Handles	360.00	360.00
1.00	EACH	OM Shop Supplies	2.13	2.13
		TOTAL:		362.13
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		***** For Hidalgo County use only		
		5-1100-441-00-340-001-0-430		362.13

(Free)

Authorized by: Martha L Salazar