

Fill in this information to identify the case:

Debtor 1 OCB Restaurant Company, LLC  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Northern District of Texas, Dallas Division  
Case number 21-30726-11

E-Filed on 06/08/2021  
Claim # 176

Official Form 410  
Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Next Up Services, LLC  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor Universal Carpet Care

2. Has this claim been acquired from someone else?  No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
**Where should notices to the creditor be sent?**  
Michael Schepper  
Name  
6571 Westside Saginaw Rd.  
Number Street  
Bay City MI 48706  
City State ZIP Code  
Contact phone (989) 686-5880  
Contact email michaelschepper@gmail.com  
**Where should payments to the creditor be sent? (if different)**  
Name  
Number Street  
City State ZIP Code  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_  
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  No  
 Yes. Who made the earlier filing? \_\_\_\_\_

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ 1,740.00. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  
Services Performed

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ 0.00

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,025\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$13,650\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)(    ) that applies.

**Amount entitled to priority**

\$                      0.00

\$                      0.00

\$                      0.00

\$                      0.00

\$                      0.00

\$                      0.00

\* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/08/2021  
MM / DD / YYYY

Michael Schepper

Signature

**Print the name of the person who is completing and signing this claim:**

Name Michael Schepper  
First name Middle name Last name

Title Owner

Company Next Up Services, LLC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_  
Number Street

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Attachment 1 - scan0059.pdf

Description - unpaid invoice

# NEXT UP

## UNIVERSAL CARPET CARE

- Carpets & Upholstery •
- Residential/Commercial •
- Guaranteed Services •

6571 W.S. Saginaw Rd.  
Bay City, Michigan 48706

(989) 686-5880  
Office

Customer's Name Old Country Buffet Date 11/27/13 Appt. Time \_\_\_\_\_  
 Address E. Court St. Apt. \_\_\_\_\_ C/S \_\_\_\_\_  
 City Burton Telephone \_\_\_\_\_  Cash  Check No.  Billed

THE FOLLOWING ARTICLES ARE TO BE CLEANED SUBJECT TO THE PRICES STATED HEREON, AND THE CONDITIONS STATED BELOW

	Unit Cost	Total
CARPET CLEANING <u>L</u> <u>K</u> <u>D</u> <u>F</u> <u>H</u> <u>B</u> BATH _____		
STAIRS _____		
LANDING(S) _____		
UPHOLSTERY CLEANING SOFA _____		
LOVESEAT _____		
CHAIR _____		
OTT _____		
PROTECTANT		
MISC.		
<u>Travel + Employee Hourly Rate</u>		
	Subtotal \$65.00	
	Sales tax \$00.00	
		TOTAL \$65.00

\* Total includes sales tax

50/50 CHANCE OF COMPLETE SPOT & SOIL REMOVAL W/90% COSMETIC IMPROVAL

CONDITIONS: The Company Universal Carpet Care agrees to perform or cause to be performed the service indicated in a proper and workmanlike manner, using equipment and detergents standard for the cleaning industry. The customer agrees that the Company shall not be liable for the failure to REMOVE STAINS nor for any DISCOLORATION from non water fast dyes or backing threads, nor for any CHANGE IN COLOR of the carpet or upholstery regardless of the cause; nor CHANGES IN TEXTURE OR SHADING that may appear either before or after cleaning; nor for any SHRINKAGE, opening of pasted seams, of FADING FABRICS which may appear in the process of cleaning. FRAYING of fabrics in areas of normal wear will not be a responsibility of the Company. WHITE OR OFF-WHITE fabrics cleaned only at customer's risk. The Company will accept no liability for conditions existing prior to cleaning. Nor will the Company be responsible for any damage to fabrics cleaned, unless caused by the negligence of the operator.

Upon inspecting the articles to be cleaned; the operator pointed out to me that the following:

- Extremely Soiled  Location: \_\_\_\_\_
- Heavily Soiled  Location: \_\_\_\_\_
- Lightly Soiled  Location: \_\_\_\_\_
- Tears or Loose Seams  Location: \_\_\_\_\_

P.O.# \_\_\_\_\_

Approval Stamp	
G/L Account:	Store #
Date	
Print Name	
Title	
Sign	

I have been advised that the above visible conditions cannot be corrected by cleaning and I herewith give my permission to clean my furniture and/or carpeting having full knowledge of the visible conditions of my furniture and/or carpeting prior to cleaning.

The signature of the customer constitutes acknowledgement of the contract and the acceptance of the conditions stated above. Full refund for any information of any payments made to anyone other than Universal Carpet Care.

DATE \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

THE ABOVE WORK HAS BEEN SATISFACTORILY COMPLETED \_\_\_\_\_  
 CUSTOMER'S SIGNATURE \_\_\_\_\_

RECEIVED PAYMENT \_\_\_\_\_  
 SIGNATURE OF OPERATOR \_\_\_\_\_ DATE \_\_\_\_\_

### WORK ORDER CONTRACT

Attachment 2 - scan0060.pdf

Description - unpaid invoice

# NEXT UP

No 73

- Carpets & Upholstery •
- Residential/Commercial •
- Guaranteed Services •

## UNIVERSAL CARPET CARE

6571 W.S. Saginaw Rd.  
Bay City, Michigan 48706

(989) 686-5880  
Office

Customer's Name	<u>Old Country Buffet</u>	Date	<u>10/23/18</u>	Appt. Time	
Address	<u>Bay Rd.</u>	Apt.		C/S	
City	<u>Saginaw</u>	Telephone		<input type="checkbox"/> Cash	<input type="checkbox"/> Check No.
				<input checked="" type="checkbox"/> Billed	

THE FOLLOWING ARTICLES ARE TO BE CLEANED SUBJECT TO THE PRICES STATED HEREON, AND THE CONDITIONS STATED BELOW

	Unit Cost	Total
CARPET CLEANING <u>L</u> <u>K</u> <u>D</u> <u>F</u> <u>H</u> <u>B</u> BATH		
STAIRS		
LANDING(S)		
UPHOLSTERY CLEANING SOFA		
LOVESEAT		
CHAIR		
OTT		
PROTECTANT		
MISC.		
<u>Total Area</u>		
<u>Subtotal</u>	<u>\$325.00</u>	
<u>Sales tax</u>	<u>\$00.00</u>	
<u>Thank You!</u>		
<u>TOTAL</u>	<u>\$325.00</u>	

50/50 CHANCE OF COMPLETE SPOT & SOIL REMOVAL W/90% COSMETIC IMPROVAL

CONDITIONS: The Company Universal Carpet Care agrees to perform or cause to be performed the service indicated in a proper and workmanlike manner, using equipment and detergents standard for the cleaning industry. The customer agrees that the Company shall not be liable for the failure to REMOVE STAINS nor for any DISCOLORATION from non water fast dyes or backing threads, nor for any CHANGE IN COLOR of the carpet or upholstery regardless of the cause; nor CHANGES IN TEXTURE OR SHADING that may appear either before or after cleaning; nor for any SHRINKAGE, opening of pasted seams, of FADING FABRICS which may appear in the process of cleaning. FRAYING of fabrics in areas of normal wear will not be a responsibility of the Company. WHITE OR OFF-WHITE fabrics cleaned only at customer's risk. The Company will accept no liability for conditions existing prior to cleaning. Nor will the Company be responsible for any damage to fabrics cleaned, unless caused by the negligence of the operator.

Upon inspecting the articles to be cleaned; the operator pointed out to me that the following:

- Extremely Soiled  Location:
- Heavily Soiled  Location:
- Lightly Soiled  Location:
- Tears or Loose Seams  Location:

P.O. #

Approval Stamp	
G/L Account:	Store #
Date	
Print Name	
Title	
Sign	

I have been advised that the above visible conditions cannot be corrected by cleaning and I herewith give my permission to clean my furniture and/or carpeting having full knowledge of the visible conditions of my furniture and/or carpeting prior to cleaning.

The signature of the customer constitutes acknowledgement of the contract and the acceptance of the conditions stated above. Full refund for any information of any payments made to anyone other than Universal Carpet Care.

DATE	CUSTOMER'S SIGNATURE
THE ABOVE WORK HAS BEEN SATISFACTORILY COMPLETED	CUSTOMER'S SIGNATURE
RECEIVED PAYMENT	DATE
SIGNATURE OF OPERATOR	

### WORK ORDER CONTRACT

Attachment 3 - scan0061.pdf

Description - unpaid invoice



# NEXT UP

No 70

- Carpets & Upholstery •
- Residential/Commercial •
- Guaranteed Services •

## UNIVERSAL CARPET CARE

6571 W.S. Saginaw Rd.  
Bay City, Michigan 48706  
(989) 686-5880  
Office

Customer's Name Old Country Buffet Date 10/16/18 Apt. Time \_\_\_\_\_  
 Address E. Court Apt. \_\_\_\_\_ C/S \_\_\_\_\_  
 City Burton Telephone \_\_\_\_\_  Cash  Check No.  Billed

THE FOLLOWING ARTICLES ARE TO BE CLEANED SUBJECT TO THE PRICES STATED HEREON, AND THE CONDITIONS STATED BELOW

	Unit Cost	Total
CARPET CLEANING L ___ K ___ D ___ F ___ H ___ B ___ BATH ___		
STAIRS ___		
LANDING(S) ___		
UPHOLSTERY CLEANING SOFA ___		
LOVESEAT ___		
CHAIR ___		
OTT ___		
PROTECTANT		
MISC.		
	subtotal	350 00
	sales tax	00 00
	<b>TOTAL</b>	<b>\$350 00</b>

Total Area

Total includes sales tax

50/50 CHANCE OF COMPLETE SPOT & SOIL REMOVAL W/90% COSMETIC IMPROVAL

CONDITIONS: The Company Universal Carpet Care agrees to perform or cause to be performed the service indicated in a proper and workmanlike manner, using equipment and detergents standard for the cleaning industry. The customer agrees that the Company shall not be liable for the failure to REMOVE STAINS nor for any DISCOLORATION from non water fast dyes or backing threads, nor for any CHANGE IN COLOR of the carpet or upholstery regardless of the cause; nor CHANGES IN TEXTURE OR SHADING that may appear either before or after cleaning; nor for any SHRINKAGE, opening of peated seams, of FADING FABRICS which may appear in the process of cleaning. FRAYING of fabrics in areas of normal wear will not be a responsibility of the Company. WHITE OR OFF-WHITE fabrics cleaned only at customer's risk. The Company will accept no liability for conditions existing prior to cleaning. Nor will the Company be responsible for any damage to fabrics cleaned, unless caused by the negligence of the operator.

Upon inspecting the articles to be cleaned; the operator pointed out to me that the following:

- Extremely Soiled  Location: \_\_\_\_\_
- Heavily Soiled  Location: \_\_\_\_\_
- Lightly Soiled  Location: \_\_\_\_\_
- Tears or Loose Seams  Location: \_\_\_\_\_

P.O. # \_\_\_\_\_

Approval Stamp	
G/L Account:	Store #
Date	
Print Name	
Title	
Sign	

I have been advised that the above visible conditions cannot be corrected by cleaning and I herewith give my permission to clean my furniture and/or carpeting having full knowledge of the visible conditions of my furniture and/or carpeting prior to cleaning.

The signature of the customer constitutes acknowledgement of the contract and the acceptance of the conditions stated above. Full refund for any information of any payments made to anyone other than Universal Carpet Care.

DATE \_\_\_\_\_ CUSTOMER'S SIGNATURE X Vickie Shousmith  
 THE ABOVE WORK HAS BEEN SATISFACTORILY COMPLETED \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

RECEIVED PAYMENT \_\_\_\_\_ SIGNATURE OF OPERATOR \_\_\_\_\_ DATE \_\_\_\_\_

### WORK ORDER CONTRACT

Attachment 4 - scan0062.pdf

Description - unpaid invoice

# NEXT UP

No 52

- Carpets & Upholstery •
- Residential/Commercial •
- Guaranteed Services •

## UNIVERSAL CARPET CARE

6571 W.S. Saginaw Rd.  
Bay City, Michigan 48706  
(989) 686-5880  
Office

Customer's Name Old Country Buffet Date 9/24/18 Apt. Time \_\_\_\_\_  
 Address Bay Rd Apt. \_\_\_\_\_ C/S \_\_\_\_\_  
 City Saginaw Telephone \_\_\_\_\_  Cash  Check No.  Billed

THE FOLLOWING ARTICLES ARE TO BE CLEANED SUBJECT TO THE PRICES STATED HEREON, AND THE CONDITIONS STATED BELOW

	Unit Cost	Total
CARPET CLEANING L ___ K ___ D ___ F ___ H ___ B ___ BATH ___		
STAIRS ___		
LANDING(S) ___		
UPHOLSTERY CLEANING SOFA ___		
LOVESEAT ___		
CHAIR ___		
OTT ___		
PROTECTANT	subtotal	325.00
MISC.	sales tax	00.00
<u>Total Area</u>		

Total includes sales tax

TOTAL \$325.00

50/50 CHANCE OF COMPLETE SPOT & SOIL REMOVAL W/90% COSMETIC IMPROVAL

CONDITIONS: The Company Universal Carpet Care agrees to perform or cause to be performed the service indicated in a proper and workmanlike manner, using equipment and detergents standard for the cleaning industry. The customer agrees that the Company shall not be liable for the failure to REMOVE STAINS nor for any DISCOLORATION from non water fast dyes or backing threads, nor for any CHANGE IN COLOR of the carpet or upholstery regardless of the cause; nor CHANGES IN TEXTURE OR SHADING that may appear either before or after cleaning; nor for any SHRINKAGE, opening of pasted seams, or FADING FABRICS which may appear in the process of cleaning. FRAYING of fabrics in areas of normal wear will not be a responsibility of the Company. WHITE OR OFF-WHITE fabrics cleaned only at customer's risk. The Company will accept no liability for conditions existing prior to cleaning. Nor will the Company be responsible for any damage to fabrics cleaned, unless caused by the negligence of the operator.

Upon inspecting the articles to be cleaned; the operator pointed out to me that the following:

- Extremely Soiled  Location: \_\_\_\_\_
- Heavily Soiled  Location: \_\_\_\_\_
- Lightly Soiled  Location: \_\_\_\_\_
- Tears or Loose Seams  Location: \_\_\_\_\_

P.O. # \_\_\_\_\_

Approval Stamp	
G/L Account:	Store #
Date	
Print Name	
Title	
Sign	

I have been advised that the above visible conditions cannot be corrected by cleaning and I herewith give my permission to clean my furniture and/or carpeting having full knowledge of the visible conditions of my furniture and/or carpeting prior to cleaning.

The signature of the customer constitutes acknowledgement of the contract and the acceptance of the conditions stated above. Full refund for any information of any payments made to anyone other than Universal Carpet Care.

DATE \_\_\_\_\_ CUSTOMER'S SIGNATURE [Signature]  
 THE ABOVE WORK HAS BEEN SATISFACTORILY COMPLETED \_\_\_\_\_ CUSTOMER'S SIGNATURE [Signature]  
 RECEIVED PAYMENT \_\_\_\_\_ SIGNATURE OF OPERATOR \_\_\_\_\_ DATE \_\_\_\_\_

### WORK ORDER CONTRACT

Attachment 5 - scan0063.pdf

Description - unpaid invoice

NO. 2025

- Carpets & Upholstery •
- Residential/Commercial •
- Guaranteed Services •

# UNIVERSAL CARPET CARE

6571 W.S. Saginaw Rd.  
Bay City, Michigan 48706

(989) 686-5880  
Office

(989) 274-4772  
Cellular

## Professional Steam Cleaning

Customer's Name	<u>Old Country Buffet</u>	Date	<u>9/18/18</u>	Appt. Time	
Address	<u>E. Court</u>	Apt.	<u>C/S</u>		
City	<u>Burton</u>	Telephone	<input type="checkbox"/> Cash	<input type="checkbox"/> Check No.	<input checked="" type="checkbox"/> Billed

THE FOLLOWING ARTICLES ARE TO BE CLEANED SUBJECT TO THE PRICES STATED HEREON, AND THE CONDITIONS STATED BELOW

	Unit Cost	Total
CARPET CLEANING <u>L</u> <u>K</u> <u>D</u> <u>F</u> <u>H</u> <u>B</u> BATH		
STAIRS		
LANDING(S)		
UPHOLSTERY CLEANING SOFA		
LOVESEAT		
CHAIR		
OTT		
PROTECTANT		
MISC.		
<u>Total Area</u>		
	subtotal	\$350.00
	sales tax	0.00
	<del>TOTAL</del>	
	TOTAL	\$350.00

50/50 CHANCE OF COMPLETE SPOT & SOIL REMOVAL W/90% COSMETIC IMPROVAL

CONDITIONS: The Company Universal Carpet Care agrees to perform or cause to be performed the service indicated in a proper and workmanlike manner, using equipment and detergents standard for the cleaning industry. The customer agrees that the Company shall not be liable for the failure to REMOVE STAINS nor for any DISCOLORATION from non water fast dyes or backing threads, nor for any CHANGE IN COLOR of the carpet or upholstery regardless of the cause; nor CHANGES IN TEXTURE OR SHADING that may appear either before or after cleaning; nor for any SHRINKAGE, opening of pasted seams, or FADING FABRICS which may appear in the process of cleaning. FRAYING of fabrics in areas of normal wear will not be a responsibility of the Company. WHITE OR OFF-WHITE fabrics cleaned only at customer's risk. The Company will accept no liability for conditions existing prior to cleaning. Nor will the Company be responsible for any damage to fabrics cleaned, unless caused by the negligence of the operator.

Upon inspecting the articles to be cleaned; the operator pointed out to me that the following:

- Extremely Soiled  Location: \_\_\_\_\_
- Heavily Soiled  Location: \_\_\_\_\_
- Lightly Soiled  Location: \_\_\_\_\_
- Tears or Loose Seams  Location: \_\_\_\_\_

P.O.# \_\_\_\_\_

Approval Stamp	
G/L Account:	Store #
Date	
Print Name	
Title	
Sign	

I have been advised that the above visible conditions cannot be corrected by cleaning and I herewith give my permission to clean my furniture and/or carpeting having full knowledge of the visible conditions of my furniture and/or carpeting prior to cleaning.

The signature of the customer constitutes acknowledgement of the contract and the acceptance of the conditions stated above. Full refund for any information of any payments made to anyone other than Universal Carpet Care.

DATE	CUSTOMER'S SIGNATURE
THE ABOVE WORK HAS BEEN SATISFACTORILY COMPLETED	<u>[Signature]</u>
RECEIVED PAYMENT	CUSTOMER'S SIGNATURE
SIGNATURE OF OPERATOR	DATE

### WORK ORDER CONTRACT

Attachment 6 - scan0064.pdf

Description - unpaid invoice

No 1870

- Carpets & Upholstery •
- Residential/Commercial •
- Guaranteed Services •

# UNIVERSAL CARPET CARE

6571 W.S. Saginaw Rd.  
Bay City, Michigan 48706

(989) 686-5880  
Office

(989) 274-4772  
Cellular

## Professional Steam Cleaning

Customer's Name Old Country Buffet Date 12/21/17 Appt. Time \_\_\_\_\_  
 Address 4190 E. Court St. Apt. \_\_\_\_\_ C/S \_\_\_\_\_  
 City Burton Telephone \_\_\_\_\_  Cash  Check No.  Billed

THE FOLLOWING ARTICLES ARE TO BE CLEANED SUBJECT TO THE PRICES STATED HEREON, AND THE CONDITIONS STATED BELOW

	Unit Cost	Total
CARPET CLEANING <u>L</u> <u>K</u> <u>D</u> <u>F</u> <u>H</u> <u>B</u> BATH _____		
STAIRS _____		
LANDING(S) _____		
UPHOLSTERY CLEANING SOFA _____		
LOVESEAT _____		
CHAIR _____		
OTT _____		
PROTECTANT _____		
MISC. _____		
<u>Total Area</u> <u>2nd half</u>		
	Subtotal	\$325.00
	Sales tax	0.00
	<b>TOTAL</b>	<b>\$325.00</b>

50/50 CHANCE OF COMPLETE SPOT & SOIL REMOVAL W/90% COSMETIC IMPROVAL

CONDITIONS: The Company Universal Carpet Care agrees to perform or cause to be performed the service indicated in a proper and workmanlike manner, using equipment and detergents standard for the cleaning industry. The customer agrees that the Company shall not be liable for the failure to REMOVE STAINS nor for any DISCOLORATION from non water fast dye or backing threads, nor for any CHANGE IN COLOR of the carpet or upholstery regardless of the cause; nor CHANGES IN TEXTURE OR SHADING that may appear either before or after cleaning; nor for any SHRINKAGE, opening of pasted seams, of FADING FABRICS which may appear in the process of cleaning. FRAYING of fabrics in areas of normal wear will not be a responsibility of the Company. WHITE OR OFF-WHITE fabrics cleaned only at customer's risk. The Company will accept no liability for conditions existing prior to cleaning. Nor will the Company be responsible for any damage to fabrics cleaned, unless caused by the negligence of the operator.

Upon inspecting the articles to be cleaned; the operator pointed out to me that the following:

Approval Stamp	
G/L Account:	Store #
Date	
Print Name	
Title	
Sign	

- Extremely Soiled  Location: \_\_\_\_\_
- Heavily Soiled  Location: \_\_\_\_\_
- Lightly Soiled  Location: \_\_\_\_\_
- Tears or Loose Seams  Location: \_\_\_\_\_

P.O.# \_\_\_\_\_

I have been advised that the above visible conditions cannot be corrected by cleaning and I herewith give my permission to clean my furniture and/or carpeting having full knowledge of the visible conditions of my furniture and/or carpeting prior to cleaning.  
 The signature of the customer constitutes acknowledgement of the contract and the acceptance of the conditions stated above. Full refund for any information of any payments made to anyone other than Universal Carpet Care.

DATE \_\_\_\_\_ CUSTOMER'S SIGNATURE [Signature]  
 THE ABOVE WORK HAS BEEN SATISFACTORILY COMPLETED \_\_\_\_\_ CUSTOMER'S SIGNATURE  
 RECEIVED PAYMENT \_\_\_\_\_ SIGNATURE OF OPERATOR \_\_\_\_\_

### WORK ORDER CONTRACT

Scanned to  
57r 0036 @ oldcountrybuffet.com  
12/22/17