

**Fill in this information to identify the case:**

Debtor 1 Gold's Holding Corp.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Texas, Amarillo Division

Case number 20-31320-hdh11

E-Filed on 07/09/2020  
Claim # 151

## 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**

<b>1. Who is the current creditor?</b>		<u>ThyssenKrupp Elevator Corp.</u> Name of the current creditor (the person or entity to be paid for this claim)	
		Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>		<b>Where should payments to the creditor be sent? (if different)</b>
	<u>c/o Law Office of D. Park Smith</u> Name <u>250 Cherry Springs Rd. Suite 200</u> Number Street <u>Hunt TX 78024</u> City State ZIP Code Contact phone <u>(830) 238-3591</u> Contact email <u>park@dparksmithlaw.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		 Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>		<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: 8 5 9 4

7. How much is the claim? \$ 7,035.44. 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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ 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 07/09/2020  
MM / DD / YYYY

D. Park Smith

Signature

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

Name D. Park Smith  
First name Middle name Last name

Title Attorney for ThyssenKrupp Elevator Corp.

Company  
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 - TKE #118594 Invoices.pdf

Description -

**NTL-Golds Gym International - 118594**

Branch Name	Due Date	Reference	Transaction Date	Transaction	LOB	Original Amount	Remaining Amount	Days Late	Ship To Location
AUSTIN	5/31/20	US179631	5/1/20	3005220063	40	\$ 468.00	\$ 468.00	32	GOLD'S GYM AUSTIN DOWNTOWN
AUSTIN	4/23/20	771602/US34125	3/24/20	6000432746	50	\$ 410.00	\$ 410.00	70	GOLDS GYM BEE CAVES
AUSTIN	4/23/20	774087/US34124	3/24/20	6000432727	50	\$ 410.00	\$ 410.00	70	GOLDS GYM SOUTH
AUSTIN	3/15/20	761295/US179631	2/14/20	6000424797	50	\$ 1,569.00	\$ 1,569.00	109	GOLD'S GYM AUSTIN DOWNTOWN
							\$ 2,857.00		

**NTL-Golds Gym International - 118594**

Branch Name	Due Date	Reference	Transaction Date	Transaction	LOB	Original Amount	Remaining Amount	Days Late	Ship To Location
OKLAHOMA CITY	3/15/20	763461	2/14/20	6000424734	50	\$ 1,342.00	\$ 1,342.00	109	GOLDS GYM - WEST EDMOND
OKLAHOMA CITY	1/31/20	US153344	1/1/20	3005008596	40	\$ 1,398.60	\$ 1,260.00	153	GOLDS GYM - WEST EDMOND
							\$ 2,602.00		

**NTL-Golds Gym International - 118594**

Branch Name	Due Date	Reference	Transaction Date	Transaction	LOB	Original Amount	Remaining Amount	Days Late	Ship To Location
SAN ANTONIO	4/4/20	773499/US177031	3/5/20	6000429356	50	\$ 425.00	\$ 425.00	89	ROGERS RANCH #43049
SAN ANTONIO	3/14/20	47923980/US32984	2/13/20	5001227572	45	\$ 301.44	\$ 301.44	110	GOLDS GYM LIVE OAK
SAN ANTONIO	2/27/20	758845/US32984	1/28/20	6000421074	50	\$ 425.00	\$ 425.00	126	GOLDS GYM LIVE OAK
SAN ANTONIO	2/27/20	758855/US135537	1/28/20	6000421068	50	\$ 425.00	\$ 425.00	126	GOLDS GYM ALAMO QUARRY
							\$ 1,576.44		

## MAINTENANCE INVOICE

**BILL TO:**

**SHIP TO:**  
GOLD'S GYM AUSTIN DOWNTOWN  
115 E 6TH ST  
AUSTIN TX 78701-3651

TO VIEW AND PAY ONLINE GO TO:	<a href="https://thyssenkruppelevator.billtrust.com">https://thyssenkruppelevator.billtrust.com</a>
USE THIS ENROLLMENT TOKEN:	PMM BKW PWV

**ATTENTION:** We are moving to a new bank and have a new remittance address.

Please update your records to reflect our new remittance address. You can also contact us at [ARsupport@thyssenkrupp.com](mailto:ARsupport@thyssenkrupp.com) to set up ACH payments, which is our preferred payment method.

Visit our online portal to view, print and **pay** your bills online. Look for your enrollment token on this bill and visit <https://thyssenkruppelevator.billtrust.com>

**For Service Related or General Questions, please call 512-447-9511. For Billing or Payment questions, please call 678-424-5636.**

Goods or services covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended.

RETURN THIS PORTION WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED WITH THE REMITTANCE ADDRESS VISIBLE



INVOICE DATE:	5/1/2020
CUSTOMER #:	118594
JOB #:	US179631
INVOICE #:	3005220063
PO #:	
SERVICE DATE:	05/01/2020 TO 06/30/2020
TERMS:	30 Days Net
TOTAL DUE:	468.00

NTL-GOLDS GYM INTERNATIONAL

Amount Enclosed: \$

Payment Method		
<input type="checkbox"/> Personal Check Enclosed	<input type="checkbox"/> Money Order Enclosed	<input type="checkbox"/> Cashiers Check Enclosed
Please Make Check Payment To: thyssenkrupp Elevator Corporation		

REMIT PAYMENT TO:

thyssenkrupp Elevator Corporation  
PO BOX 3796  
CAROL STREAM, IL 60132-3796

[illegible]





thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

**INVOICE**

**INVOICE DATE:** 03/24/2020  
**CUSTOMER #:** 118594  
**REPAIR #:** 771602  
**INVOICE #:** 6000432746  
**PO #:** SIGNED PROPOSAL  
**OPPORTUNITY ID:** ACIA-1OOCGIO  
**TERMS:** 30 Days Net  
**TOTAL DUE:** 410.00

TO VIEW AND PAY ONLINE GO TO:	<a href="https://thyssenkruppelevator.billtrust.com">https://thyssenkruppelevator.billtrust.com</a>
USE THIS ENROLLMENT TOKEN:	PMM RKW PWV

ATTN: ACCOUNTS PAYABLE  
NTL-GOLDS GYM INTERNATIONAL  
GOLDSGYMREPAIRS@THYSSENKRUPP.COM  
3100 INTERSTATE NORTH CIR SE STE 600  
ATLANTA GA 30339-2227

DESCRIPTION				AMOUNT
<b>AUSTIN BRANCH</b>				
<b>Contract Detail:</b>		ORIGINAL CONTRACT PRICE	\$410.00	\$410.00
		CHANGE ORDERS	\$0.00	
		TOTAL CONTRACT PRICE	\$410.00	
		LESS PREVIOUS BILLINGS	\$0.00	
		BILLABLE AMOUNT REMAINING	\$410.00	
<b>Installment Number:</b> 1				
<b>Billing Amount:</b>				
<b>Ship To:</b> GOLDS GYM BEE CAVES				
12480 FM 2244, AUSTIN, TX				
<b>Serial #:</b> US90914 <b>Unit:</b> 1				
Safety Test				
<b>AMOUNT</b>	<b>SALES TAX</b>	<b>SUBTOTAL</b>	<b>LESS DEPOSIT</b>	<b>PLEASE PAY THIS AMOUNT</b>
\$410.00	\$0.00	\$410.00	\$0.00	\$410.00

For Service Related or General Questions, please call 512-447-9511. For Billing or Payment Questions, please call 678-424-5636.

RETURN THIS PORTION WITH YOUR PAYMENT



thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

**INVOICE DATE:** 03/24/2020  
**CUSTOMER #:** 118594  
**REPAIR #:** 771602  
**INVOICE #:** 6000432746  
**PO #:** SIGNED PROPOSAL  
**OPPORTUNITY ID:** ACIA-1OOCGIO  
**TERMS:** 30 Days Net  
**TOTAL DUE:** 410.00

Amount Enclosed: \$ \_\_\_\_\_

Payment Method		
<input type="checkbox"/> Personal Check Enclosed	<input type="checkbox"/> Money Order Enclosed	<input type="checkbox"/> Cashiers Check Enclosed
Please Make Check Payment To: thyssenkrupp Elevator Corporation		

REMIT PAYMENT TO:

thyssenkrupp Elevator Corporation  
PO BOX 3796  
CAROL STREAM, IL 60132-3796



thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

**INVOICE**

**INVOICE DATE:** 03/24/2020  
**CUSTOMER #:** 118594  
**REPAIR #:** 774087  
**INVOICE #:** 6000432727  
**PO #:** PM-0135219  
**OPPORTUNITY ID:** ACIA-1OOCN14  
**TERMS:** 30 Days Net  
**TOTAL DUE:** 410.00

<b>TO VIEW AND PAY ONLINE GO TO:</b>	<a href="https://thyssenkruppelevator.billtrust.com">https://thyssenkruppelevator.billtrust.com</a>
<b>USE THIS ENROLLMENT TOKEN:</b>	PMM RKW PWV

ATTN: ACCOUNTS PAYABLE  
NTL-GOLDS GYM INTERNATIONAL  
GOLDSGYMREPAIRS@THYSSENKRUPP.COM  
3100 INTERSTATE NORTH CIR SE STE 600  
ATLANTA GA 30339-2227

DESCRIPTION				AMOUNT
AUSTIN BRANCH				
Contract Detail:	ORIGINAL CONTRACT PRICE		\$410.00	
	CHANGE ORDERS		\$0.00	
	TOTAL CONTRACT PRICE		\$410.00	
	LESS PREVIOUS BILLINGS		\$0.00	
	BILLABLE AMOUNT REMAINING		\$410.00	
Installment Number: 1				
Billing Amount:				
Ship To: GOLDS GYM SOUTH				
4404 W WILLIAM CANNON DR, AUSTIN, TX				
Serial #: US90913 Unit: 1				
SAFETY TEST				

For Service Related or General Questions, please call 512-447-9511. For Billing or Payment Questions, please call 678-424-5636.

RETURN THIS PORTION WITH YOUR PAYMENT



thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

**INVOICE DATE:** 03/24/2020  
**CUSTOMER #:** 118594  
**REPAIR #:** 774087  
**INVOICE #:** 6000432727  
**PO #:** PM-0135219  
**OPPORTUNITY ID:** ACIA-1OOCN14  
**TERMS:** 30 Days Net  
**TOTAL DUE:** 410.00

Amount Enclosed: \$ \_\_\_\_\_

Payment Method		
<input type="checkbox"/> Personal Check Enclosed	<input type="checkbox"/> Money Order Enclosed	<input type="checkbox"/> Cashiers Check Enclosed
Please Make Check Payment To: thyssenkrupp Elevator Corporation		

REMIT PAYMENT TO:

thyssenkrupp Elevator Corporation  
PO BOX 3796  
CAROL STREAM, IL 60132-3796





thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

## INVOICE

INVOICE DATE: 02/14/2020  
CUSTOMER #: 118594  
REPAIR #: 761295  
INVOICE #: 6000424797  
PO #: 0133855  
OPPORTUNITY ID: ACIA-1O6BHN2  
TERMS: 30 Days Net  
TOTAL DUE: 1,569.00

TO VIEW AND PAY ONLINE GO TO:	<a href="https://thyssenkruppelevator.billtrust.com">https://thyssenkruppelevator.billtrust.com</a>
USE THIS ENROLLMENT TOKEN:	PMM RKW PWV

ATTN: ACCOUNTS PAYABLE  
NTL-GOLDS GYM INTERNATIONAL  
3100 INTERSTATE NORTH CIR SE STE 600  
GOLDSGYMREPAIRS@THYSSENKRUPP.COM  
ATLANTA, GA 30339-2227

DESCRIPTION				AMOUNT
<b>AUSTIN BRANCH</b>				
<b>Contract Detail:</b>	ORIGINAL CONTRACT PRICE		\$1,569.00	
	CHANGE ORDERS		\$0.00	
	TOTAL CONTRACT PRICE		\$1,569.00	
	LESS PREVIOUS BILLINGS		\$0.00	
	BILLABLE AMOUNT REMAINING		\$1,569.00	
<b>Installment Number: 2</b>				
<b>Billing Amount:</b>				\$1,569.00
<b>Ship To:</b> GOLD'S GYM AUSTIN DOWNTOWN 115 E 6TH ST, AUSTIN, TX				
<b>Serial #:</b> US345137 <b>Unit:</b> 2 FRONT LIFT SAFETY TEST				
<b>Ship To:</b> GOLD'S GYM AUSTIN DOWNTOWN 115 E 6TH ST, AUSTIN, TX				
<b>Serial #:</b> US385777 <b>Unit:</b> 4 BACK LIFT				
<b>AMOUNT</b>	<b>SALES TAX</b>	<b>SUBTOTAL</b>	<b>LESS DEPOSIT</b>	<b>PLEASE PAY THIS AMOUNT</b>
\$1,569.00	\$0.00	\$1,569.00	\$0.00	\$1,569.00

For Service Related or General Questions, please call 512-447-9511. For Billing or Payment Questions, please call 678-424-5636.

RETURN THIS PORTION WITH YOUR PAYMENT



thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

INVOICE DATE: 02/14/2020  
CUSTOMER #: 118594  
REPAIR #: 761295  
INVOICE #: 6000424797  
PO #: 0133855  
OPPORTUNITY ID: ACIA-1O6BHN2  
TERMS: 30 Days Net  
TOTAL DUE: 1,569.00

REMIT PAYMENT TO:

Amount Enclosed: \$ \_\_\_\_\_

Payment Method		
<input type="checkbox"/> Personal Check Enclosed	<input type="checkbox"/> Money Order Enclosed	<input type="checkbox"/> Cashiers Check Enclosed
Please Make Check Payment To:		
thyssenkrupp Elevator Corporation		

thyssenkrupp Elevator Corporation  
PO BOX 3796  
CAROL STREAM, IL 60132-3796

thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

## INVOICE

<b>INVOICE DATE:</b>	02/14/2020
<b>CUSTOMER #:</b>	118594
<b>REPAIR #:</b>	761295
<b>INVOICE #:</b>	6000424797
<b>PO #:</b>	0133855
<b>OPPORTUNITY ID:</b>	ACIA-1O6BHN2
<b>TERMS:</b>	30 Days Net
<b>TOTAL DUE:</b>	1,569.00

<b>TO VIEW AND PAY ONLINE GO TO:</b>	<a href="https://thyssenkruppelevator.billtrust.com">https://thyssenkruppelevator.billtrust.com</a>
<b>USE THIS ENROLLMENT TOKEN:</b>	PMM RKW PWV

ATTN: ACCOUNTS PAYABLE  
NTL-GOLDS GYM INTERNATIONAL  
3100 INTERSTATE NORTH CIR SE STE 600  
GOLDSGYMREPAIRS@THYSSENKRUPP.COM  
ATLANTA, GA 30339-2227

DESCRIPTION	AMOUNT
<p>SAFETY TEST</p> <p><b>Ship To:</b> GOLD'S GYM AUSTIN DOWNTOWN 115 E 6TH ST, AUSTIN, TX</p> <p><b>Serial #:</b> US385779      <b>Unit:</b> 3 MIDDLE LIFT</p> <p>SAFETY TEST</p>	

thyssenkrupp Elevator Corporation  
PO BOX 3796  
CAROL STREAM, IL 60132-3796



## MAINTENANCE INVOICE

<b>INVOICE DATE:</b>	01/01/2020
<b>CUSTOMER #:</b>	118594
<b>JOB #:</b>	US153344
<b>INVOICE #:</b>	3005008596
<b>PO #:</b>	
<b>SERVICE DATE:</b>	01/01/2020 TO 06/30/2020
<b>TERMS:</b>	30 Days Net
<b>TOTAL DUE:</b>	\$1,398.60



TO VIEW AND PAY ONLINE GO TO:	<a href="https://thyssenkruppelevator.billtrust.com">https://thyssenkruppelevator.billtrust.com</a>
USE THIS ENROLLMENT TOKEN:	PMM RKW PWV

**SHIP TO:**  
GOLDS GYM - WEST EDMOND  
2121 W DANFORTH RD  
EDMOND OK 73003

**ATTENTION:** We are moving to a new bank and have a new remittance address.

Please update your records to reflect our new remittance address. You can also contact us at [ARsupport@thyssenkrupp.com](mailto:ARsupport@thyssenkrupp.com) to set up ACH payments, which is our preferred payment method.

Visit our online portal to view, print and **pay** your bills online. Look for your enrollment token on this bill and visit <https://thyssenkruppelevator.billtrust.com>

Goods or services covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended.

RETURN THIS PORTION WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED WITH THE REMITTANCE ADDRESS VISIBLE



REMIT PAYMENT TO:

thyssenkrupp Elevator Corporation  
PO BOX 3796  
CAROL STREAM, IL 60132-3796

[illegible]

thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

# INVOICE

INVOICE DATE:	03/05/2020
CUSTOMER #:	118594
REPAIR #:	773499
INVOICE #:	6000429356
PO #:	SINGED WO
OPPORTUNITY ID:	ACIA-1005XFP
TERMS:	30 Days Net
TOTAL DUE:	425.00

TO VIEW AND PAY ONLINE GO TO:	<a href="https://thyssenkruppelevator.billtrust.com">https://thyssenkruppelevator.billtrust.com</a>
USE THIS ENROLLMENT TOKEN:	PMM RKW PWV

ATTN: ACCOUNTS PAYABLE  
NTL-GOLDS GYM INTERNATIONAL  
3100 INTERSTATE NORTH CIR SE STE 600  
GOLDSGYMPREPAIRS@THYSSENKRUPP.COM  
ATLANTA, GA 30339-2227

DESCRIPTION				AMOUNT
<b>SAN ANTONIO BRANCH</b>				
<b>Contract Detail:</b>	ORIGINAL CONTRACT PRICE		\$425.00	
	CHANGE ORDERS		\$0.00	
	TOTAL CONTRACT PRICE		<u>\$425.00</u>	
	LESS PREVIOUS BILLINGS		\$0.00	
	BILLABLE AMOUNT REMAINING		<u>\$425.00</u>	
<b>Installment Number: 1</b>				
<b>Billing Amount:</b>				\$425.00
<b>Ship To:</b>	ROGERS RANCH #43049 2711 TREBLE CREEK, SAN ANTONIO, TX			
<b>Serial #:</b>	US624429	<b>Unit:</b>	CAR 1	
Safety Test				
<b>AMOUNT</b>	<b>SALES TAX</b>	<b>SUBTOTAL</b>	<b>LESS DEPOSIT</b>	<b>PLEASE PAY THIS AMOUNT</b>
\$425.00	\$0.00	\$425.00	\$0.00	\$425.00

**For Service Related or General Questions, please call 210-495-8585. For Billing or Payment Questions, please call 678-424-3636.**

**RETURN THIS PORTION WITH YOUR PAYMENT**



thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

<b>INVOICE DATE:</b>	03/05/2020
<b>CUSTOMER #:</b>	118594
<b>REPAIR #:</b>	773499
<b>INVOICE #:</b>	6000429356
<b>PO #:</b>	SINGED WO
<b>OPPORTUNITY ID:</b>	ACIA-1005XFP
<b>TERMS:</b>	30 Days Net
<b>TOTAL DUE:</b>	425.00

Amount Enclosed: \$ \_\_\_\_\_

Payment Method		
<input type="checkbox"/> Personal Check Enclosed	<input type="checkbox"/> Money Order Enclosed	<input type="checkbox"/> Cashiers Check Enclosed
Please Make Check Payment To: thyssenkrupp Elevator Corporation		

REMIT PAYMENT TO:

thyssenkrupp Elevator Corporation  
PO BOX 3796  
CAROL STREAM, IL 60132-3796





thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

## INVOICE

INVOICE DATE: 02/13/2020  
CUSTOMER #: 118594  
SR #: 47923980  
INVOICE #: 5001227572  
PO #: WEB-238645  
TERMS: 30 Days Net  
TOTAL DUE: 301.44

**BILL TO:**

ATTN: ACCOUNTS PAYABLE  
NTL-GOLDS GYM INTERNATIONAL  
3100 INTERSTATE NORTH CIR SE STE 600  
GOLDSGYMREPAIRS@THYSSENKRUPP.COM  
ATLANTA, GA 30339-2227

TO VIEW AND PAY ONLINE GO TO: <https://thyssenkruppelevator.billtrust.com>  
USE THIS ENROLLMENT TOKEN: PMM RKW PWV

**SHIP TO:**

GOLDS GYM LIVE OAK  
7937 PAT BOOKER RD  
LIVE OAK, TX 78233-2602

**Reported By:** GUSTAVO CANTU, 210-637-6600 on 02/06/2020 11:03:08

**Resolution Summary:** CUSTOMER REPORTED ELEVATOR UPSTAIRS BUTTON PANEL IS BROKEN. MECHANIC REPLACED TOP FLOOR HALL BUTTON. CHECKED AND RETURNED UNIT TO SERVICE.

DATE	DESCRIPTION	QTY	UOM	PRICE	AMOUNT
02/06/2020	<b>SAN ANTONIO BRANCH</b> Unit: 1 Serial #: US88917 Contract #: US32984 Gold - Full Maintenance, Customer pays full amount of Overtime - Elevator  Labor Extra Work Outside Contract Daytime	.75	HR	\$371.29	\$278.47
<b>AMOUNT</b>		<b>SALES TAX</b>		<b>PLEASE PAY THIS AMOUNT</b>	
\$278.47		\$22.97		\$301.44	

This charge was created because service was not covered by maintenance contracts you may have with thyssenkrupp Elevator.  
**For Service Related or General Questions, please call 210-495-8585. For Billing or Payment Questions, please call 678-424-3636.**

DETACH AND RETURN WITH YOUR PAYMENT



thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

INVOICE DATE: 02/13/2020  
CUSTOMER #: 118594  
SR #: 47923980  
INVOICE #: 5001227572  
PO #: WEB-238645  
TERMS: 30 Days Net  
TOTAL DUE: 301.44

Amount Enclosed: \$ \_\_\_\_\_

Payment Method		
<input type="checkbox"/> Personal Check Enclosed	<input type="checkbox"/> Money Order Enclosed	<input type="checkbox"/> Cashiers Check Enclosed
Please Make Check Payment To:		
thyssenkrupp Elevator Corporation		

**REMIT PAYMENT TO:**

thyssenkrupp Elevator Corporation  
PO BOX 3796  
CAROL STREAM, IL 60132-3796



thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

**INVOICE**

**INVOICE DATE:** 01/28/2020  
**CUSTOMER #:** 118594  
**REPAIR #:** 758845  
**INVOICE #:** 6000421074  
**PO #:** SIGNED WO  
**OPPORTUNITY ID:** ACIA-1NSZY7A  
**TERMS:** 30 Days Net  
**TOTAL DUE:** 425.00

TO VIEW AND PAY ONLINE GO TO:	<a href="https://thyssenkruppelevator.billtrust.com">https://thyssenkruppelevator.billtrust.com</a>
USE THIS ENROLLMENT TOKEN:	PMM RKW PWV

ATTN: ACCOUNTS PAYABLE  
NTL-GOLDS GYM INTERNATIONAL  
3100 INTERSTATE NORTH CIR SE STE 600  
GOLDSGYMREPAIRS@THYSSENKRUPP.COM  
ATLANTA, GA 30339-2227

DESCRIPTION				AMOUNT
<b>SAN ANTONIO BRANCH</b>				
<b>Ship To:</b> GOLDS GYM LIVE OAK 7937 PAT BOOKER RD, LIVE OAK, TX				
<b>Serial #:</b> US88917 <b>Unit:</b> 1				
Safety Test				
				\$425.00
<b>AMOUNT</b>	<b>SALES TAX</b>	<b>SUBTOTAL</b>	<b>LESS DEPOSIT</b>	<b>PLEASE PAY THIS AMOUNT</b>
\$425.00	\$0.00	\$425.00	\$0.00	\$425.00

For Service Related or General Questions, please call 210-495-8585. For Billing or Payment Questions, please call 678-424-3636.

RETURN THIS PORTION WITH YOUR PAYMENT



thyssenkrupp Elevator Corporation  
3100 Interstate North Cir SE Ste 500  
Atlanta, GA 30339-2227

**INVOICE DATE:** 01/28/2020  
**CUSTOMER #:** 118594  
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