

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

PROOF OF CLAIM  
Chapter 11

In Re Kmart Corporation, et al

Case Numbers 02-02462 through  
02-02499

Your claim is scheduled as follows:

Name of Debtor: (see attached for complete list of debtors)

Case Number:

Class

UNSECURED NON PRIORITY

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Amount

\$711.00

Name of Creditor (The person or other entity to whom the debtor owes money or property):

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

11 2335358

ROTO ROOTER OF STATESBORO  
ACCT PAYABLE  
P O BOX 1462  
STATESBORO, GA 30458

10560898

If address differs from above, please complete the following:

Creditor Name: Roto Rooter of Statesboro

Telephone: #912-489-8080

Address: PO Box 1462

City/St/Zip: Statesboro GA 30459

This Space is for Court Use Only

Account or other number by which creditor identifies debtor: K-MART

Check here if  replaces this claim  amends a previously filed claim, dated \_\_\_\_\_

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other

- Retiree benefits as defined in 11 U.S.C. §1114(a)
- Wages, salaries, and compensation (fill out below)  
Your SS #: \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

2. Date debt was incurred: 7/9/01 - 1/18/02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$1611.04

If all of part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.  
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- Real Estate  Motor Vehicle
- Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

6. Unsecured Priority Claim

Check this box if you have an unsecured priority claim.

Amount entitled to priority \$ \_\_\_\_\_  
Specify the priority of the claim:

- Wages, salaries, or commissions (up to \$4,650), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
- Up to \$ 2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_\_).

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

This Space is for Court Use Only

9022

RECEIVED  
TRUSTEE'S OFFICE

2002 APR 19

BANKRUPTCY

Date: 4/8/02 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Barney Allen JR President

4/19/02

ROTO - ROOTER  
P.O.BOX 1462  
STATESBORO, GA 30459-1462  
BULLOCH

# Statement

Statement Date:  
Apr 8, 2002

Voice: 912-489-8080  
Fax: 912-681-2970

Customer Account ID:  
K-MART

Account Of: K-MART  
1535 SAV. HWY  
CHARLESTON, SC 29407

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

Date	Due Date	Reference	Paid	Description	Amount	Balance
7/9/01	7/10/01	2400			325.00	325.00
8/31/01	8/31/01	FC8VV00010		Late Charge	11.33	336.33
9/28/01	9/28/01	FC9SV00007		Late Charge	5.98	342.31
10/31/01	10/31/01	FCAVV00007		Late Charge	7.43	349.74
11/8/01	11/9/01	2484			175.00	524.74
12/4/01	12/5/01	2668			147.00	671.74
12/5/01	12/6/01	2667			300.00	971.74
12/31/01	12/31/01	FCCVV00009		Late Charge	20.13	991.87
1/7/02	1/8/02	2481			175.00	1,166.87
1/18/02	1/19/02	2749			89.00	1,255.87
1/31/02	1/31/02	FC1VW00006		Late Charge	20.22	1,276.09
2/28/02	2/28/02	FC2SW00006		Late Charge	23.12	1,299.21
3/7/02	3/8/02	2739			175.00	1,474.21
3/8/02	3/9/02	2737			112.50	1,586.71
3/29/02	3/29/02	FC3TW00007		Late Charge	24.33	1,611.04
<b>Total</b>						<b>1,611.04</b>

0 - 30	31 - 60	61 - 90	Over 90 days
24.33	310.62	109.22	1,166.87



# INVOICE

Nº 2400

P.O. BOX 1462

STATESBORO, GA 30459

PHONE (912) 489-8080

FAX (912) 681-2970

NAME K-MART

DATE 7-9-01

ADDRESS \_\_\_\_\_

PO# \_\_\_\_\_

CITY STATESBORO STATE GA ZIP \_\_\_\_\_

JOB ADDRESS (IF DIFFERENT) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Initial Findings PER EST. PUMP AND CLEAN GREASE TRAP - CLEAN MAIN SEWER FROM CAFE TO GREASE TRAP

Estimate to Repair \$ \_\_\_\_\_ Signed \_\_\_\_\_

I UNDERSTAND THE FINDINGS LISTED ABOVE

### YOUR:

### WAS CLOGGED BY:

### CHARGES:

- kitchen sink ..... \$ \_\_\_\_\_
- lavatory sink ..... \$ \_\_\_\_\_
- tub ..... \$ \_\_\_\_\_
- shower ..... \$ \_\_\_\_\_
- toilet ..... \$ \_\_\_\_\_
- laundry line ..... \$ \_\_\_\_\_
- floor drain ..... \$ \_\_\_\_\_
- septic tank line ..... \$ \_\_\_\_\_
- main sewer line ..... \$ \_\_\_\_\_
- other \_\_\_\_\_

- grease
- food
- paper
- sanitary products
- hair
- lint
- tree roots
- sludge
- soap residue
- other \_\_\_\_\_

- drain line(s) \$ \_\_\_\_\_
- labor \$ \_\_\_\_\_
- extra reel / man \$ \_\_\_\_\_
- vent / acid \$ \_\_\_\_\_
- materials \$ \_\_\_\_\_
- tax \$ \_\_\_\_\_
- addition drain - \$ \_\_\_\_\_
- senior citizen \$ \_\_\_\_\_
- TOTAL** \$ \_\_\_\_\_
- AMT. PAID** \$ \_\_\_\_\_

### Method of Payment

- Cash
- Check # \_\_\_\_\_
- Bill
- Credit Card \_\_\_\_\_
- CC# \_\_\_\_\_
- Exp \_\_\_\_\_ / \_\_\_\_\_
- App# \_\_\_\_\_

AMT. DUE \$ 325.

Start Time \_\_\_\_\_

Finish Time \_\_\_\_\_

Blades Used \_\_\_\_\_

Footage Cleaned \_\_\_\_\_

REMARKS \_\_\_\_\_

## GUARANTEE

For the period of 90 days from the above date, we agree to reclean your \_\_\_\_\_ twice at no additional cost in the event the sewer or pipe fails to function due to **root stoppage**. This guarantee **does not** include stoppages caused by rags, garbage, sanitary products, customer abuse, or broken, damaged, or settled sections of pipes.

Signed \_\_\_\_\_  
I UNDERSTAND THE CONDITIONS OF THE ABOVE GUARANTEE

Upon my request, Roto-Rooter sewer service performed services at the time and place herein stated; that the charge therefore, is as stated herein; that said services were performed in an efficient manner, and are accepted as such. In the event the amount due is not paid within 30 days, and the matter is placed in the hands of an attorney at law, I understand I assume all attorney fees, court cost and other legal fees set forth under the law. I assume collection agency cost if not paid within 30 days.

Signed [Signature]

Serviceman LEO

Additional Serviceman CLAY DANNY

Pay this invoice

Guarantee void without customer copy



# INVOICE

Nº 2484

P.O. BOX 1462

STATESBORO, GA 30459

PHONE (912) 489-8080

FAX (912) 681-2970

NAME K-Mart

DATE 11-8-01

ADDRESS \_\_\_\_\_

PO# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JOB ADDRESS (IF DIFFERENT) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Initial Findings Pumped out grease trap

---

Estimate to Repair \$ \_\_\_\_\_ Signed \_\_\_\_\_

**I UNDERSTAND THE FINDINGS LISTED ABOVE**

### YOUR:

### WAS CLOGGED BY:

### CHARGES:

- kitchen sink ..... \$ \_\_\_\_\_
- lavatory sink ..... \$ \_\_\_\_\_
- tub ..... \$ \_\_\_\_\_
- shower ..... \$ \_\_\_\_\_
- toilet ..... \$ \_\_\_\_\_
- laundry line ..... \$ \_\_\_\_\_
- floor drain ..... \$ \_\_\_\_\_
- septic tank line ..... \$ \_\_\_\_\_
- main sewer line ..... \$ \_\_\_\_\_
- other \_\_\_\_\_

- grease
- food
- paper
- sanitary products
- hair
- lint
- tree roots
- sludge
- soap residue
- other \_\_\_\_\_

- drain line(s) \$ \_\_\_\_\_
- labor \$ \_\_\_\_\_
- extra reel / man \$ \_\_\_\_\_
- vent / acid \$ \_\_\_\_\_
- materials \$ \_\_\_\_\_
- tax \$ \_\_\_\_\_
- addition drain - \$ \_\_\_\_\_
- senior citizen \$ \_\_\_\_\_
- TOTAL** \$ \_\_\_\_\_
- AMT. PAID** \$ \_\_\_\_\_

### Method of Payment

- Cash
- Check # \_\_\_\_\_
- Bill
- Credit Card \_\_\_\_\_
- CC# \_\_\_\_\_
- Exp \_\_\_\_\_ / \_\_\_\_\_
- App# \_\_\_\_\_

AMT. DUE \$ 175.00

Start Time \_\_\_\_\_

Finish Time \_\_\_\_\_

Blades Used \_\_\_\_\_

Footage Cleaned \_\_\_\_\_

REMARKS \_\_\_\_\_

## GUARANTEE

For the period of \_\_\_\_\_ days from the above date, we agree to reclean your \_\_\_\_\_ twice at no additional cost in the event the sewer or pipe fails to function due to **root stoppage**. This guarantee **does not** include stoppages caused by rags, garbage, sanitary products, customer abuse, or broken, damaged, or settled sections of pipes.

Signed \_\_\_\_\_  
I UNDERSTAND THE CONDITIONS OF THE ABOVE GUARANTEE

Upon my request, Roto-Rooter sewer service performed services at the time and place herein stated; that the charge therefore, is as stated herein; that said services were performed in an efficient manner, and are accepted as such. In the event the amount due is not paid within 30 days, and the matter is placed in the hands of an attorney at law, I understand I assume all attorney fees, court cost and other legal fees set forth under the law. I assume collection agency cost if not paid within 30 days.

Signed Darlene Jastinger

Serviceman Clay

Additional Serviceman \_\_\_\_\_

Pay this invoice

Guarantee void without customer copy



# INVOICE

Nº 2668

PHONE (912) 489-8080

FAX (912) 681-2970

P.O. BOX 1462

STATESBORO, GA 30459

NAME K-MART  
 ADDRESS NORTH SIDE DR E  
 CITY STATESBORO STATE GA ZIP \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_

DATE 12/4/01  
 PO# \_\_\_\_\_  
 JOB ADDRESS (IF DIFFERENT) \_\_\_\_\_

Initial Findings PULL AND RE-SET TOILET  
RUN MAIN WITH CABLE  
 Estimate to Repair \$ \_\_\_\_\_ Signed \_\_\_\_\_  
 I UNDERSTAND THE FINDINGS LISTED ABOVE

### YOUR:

- kitchen sink ..... \$ \_\_\_\_\_
- lavatory sink ..... \$ \_\_\_\_\_
- tub ..... \$ \_\_\_\_\_
- shower ..... \$ \_\_\_\_\_
- toilet ..... \$ \_\_\_\_\_
- laundry line ..... \$ \_\_\_\_\_
- floor drain ..... \$ \_\_\_\_\_
- septic tank line ..... \$ \_\_\_\_\_
- main sewer line ..... \$ \_\_\_\_\_
- other \_\_\_\_\_

### WAS CLOGGED BY:

- grease
- food
- paper
- sanitary products
- hair
- lint
- tree roots
- sludge
- soap residue
- other \_\_\_\_\_

### CHARGES:

- drain line(s) \$ \_\_\_\_\_
- labor \$ 135.00
- extra reel / man \$ \_\_\_\_\_
- vent / acid \$ \_\_\_\_\_
- materials \$ 12.00
- tax \$ \_\_\_\_\_
- addition drain - \$ \_\_\_\_\_
- senior citizen \$ \_\_\_\_\_
- TOTAL** \$ 147.00
- AMT. PAID** \$ \_\_\_\_\_

### Method of Payment

- Cash
- Check # \_\_\_\_\_
- Bill
- Credit Card \_\_\_\_\_
- CC# \_\_\_\_\_
- Exp \_\_\_\_\_ / \_\_\_\_\_
- App# \_\_\_\_\_
- AMT. DUE \$** 147.00

Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_  
 Blades Used \_\_\_\_\_ Footage Cleaned \_\_\_\_\_

REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## GUARANTEE

For the period of \_\_\_\_\_ days from the above date, we agree to reclean your \_\_\_\_\_ twice at no additional cost in the event the sewer or pipe fails to function due to **root stoppage**. This guarantee **does not** include stoppages caused by rags, garbage, sanitary products, customer abuse, or broken, damaged, or settled sections of pipes.

Signed \_\_\_\_\_  
 I UNDERSTAND THE CONDITIONS OF THE ABOVE GUARANTEE

Upon my request, Roto-Rooter sewer service performed services at the time and place herein stated; that the charge therefore, is as stated herein; that said services were performed in an efficient manner, and are accepted as such. In the event the amount due is not paid within 30 days, and the matter is placed in the hands of an attorney at law, I understand I assume all attorney fees, court cost and other legal fees set forth under the law. I assume collection agency cost if not paid within 30 days.

Signed [Signature]  
 Serviceman LEO

Pay this invoice

Guarantee void without customer copy

Additional Serviceman \_\_\_\_\_



# INVOICE

№ 2667

P.O. BOX 1462

STATESBORO, GA 30459

PHONE (912) 489-8080

FAX (912) 681-2970

NAME K-MART  
 ADDRESS NORTHSIDE DR E.  
 CITY STATESBORO STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_

DATE 12/5/01.  
 PO# \_\_\_\_\_  
 JOB ADDRESS (IF DIFFERENT) \_\_\_\_\_

**Initial Findings** CLEAN MAIN SEWER.  
with hydro jet.  
LAYAWAY RESTROOMS.  
 Estimate to Repair \$ \_\_\_\_\_ Signed \_\_\_\_\_  
 I UNDERSTAND THE FINDINGS LISTED ABOVE

**YOUR:**

**WAS CLOGGED BY:**

**CHARGES:**

- kitchen sink ..... \$ \_\_\_\_\_
- lavatory sink ..... \$ \_\_\_\_\_
- tub ..... \$ \_\_\_\_\_
- shower ..... \$ \_\_\_\_\_
- toilet ..... \$ \_\_\_\_\_
- laundry line ..... \$ \_\_\_\_\_
- floor drain ..... \$ \_\_\_\_\_
- septic tank line ..... \$ \_\_\_\_\_
- main sewer line ..... \$ \_\_\_\_\_
- other \_\_\_\_\_

- grease
- food
- paper
- sanitary products
- hair
- lint
- tree roots
- sludge
- soap residue
- other \_\_\_\_\_

- drain line(s) \$ \_\_\_\_\_
- labor \$ \_\_\_\_\_
- extra reel / man \$ \_\_\_\_\_
- vent / acid \$ \_\_\_\_\_
- materials \$ \_\_\_\_\_
- tax \$ \_\_\_\_\_
- addition drain - \$ \_\_\_\_\_
- senior citizen \$ \_\_\_\_\_
- TOTAL** \$ \_\_\_\_\_
- AMT. PAID** \$ \_\_\_\_\_

**Method of Payment**

- Cash
- Check # \_\_\_\_\_
- Bill
- Credit Card \_\_\_\_\_
- CC# \_\_\_\_\_
- Exp \_\_\_\_\_ / \_\_\_\_\_
- App# \_\_\_\_\_

AMT. DUE \$ 3000

Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_  
 Blades Used \_\_\_\_\_ Footage Cleaned \_\_\_\_\_

REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## GUARANTEE

For the period of \_\_\_\_\_ days from the above date, we agree to reclean your \_\_\_\_\_ twice at no additional cost in the event the sewer or pipe fails to function due to **root stoppage**. This guarantee **does not** include stoppages caused by rags, garbage, sanitary products, customer abuse, or broken, damaged, or settled sections of pipes.

Signed \_\_\_\_\_  
 I UNDERSTAND THE CONDITIONS OF THE ABOVE GUARANTEE

Upon my request, Roto-Rooter sewer service performed services at the time and place herein stated; that the charge therefore, is as stated herein; that said services were performed in an efficient manner, and are accepted as such. In the event the amount due is not paid within 30 days, and the matter is placed in the hands of an attorney at law, I understand I assume all attorney fees, court cost and other legal fees set forth under the law. I assume collection agency cost if not paid within 30 days.

Signed [Signature]  
 Serviceman LEO DANIEL  
 Additional Serviceman \_\_\_\_\_

Pay this invoice

Guarantee void without customer copy



# INVOICE

N<sup>o</sup> 2481

P.O. BOX 1462

STATESBORO, GA 30459

PHONE (912) 489-8080

FAX (912) 681-2970

NAME K-Mart

DATE 1-7-02

ADDRESS \_\_\_\_\_

PO# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JOB ADDRESS (IF DIFFERENT) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### Initial Findings

Pumped out grease trap

Estimate to Repair \$ \_\_\_\_\_ Signed \_\_\_\_\_

I UNDERSTAND THE FINDINGS LISTED ABOVE

### YOUR:

### WAS CLOGGED BY:

### CHARGES:

- kitchen sink ..... \$ \_\_\_\_\_
- lavatory sink ..... \$ \_\_\_\_\_
- tub ..... \$ \_\_\_\_\_
- shower ..... \$ \_\_\_\_\_
- toilet ..... \$ \_\_\_\_\_
- laundry line ..... \$ \_\_\_\_\_
- floor drain ..... \$ \_\_\_\_\_
- septic tank line ..... \$ \_\_\_\_\_
- main sewer line ..... \$ \_\_\_\_\_
- other \_\_\_\_\_

- grease
- food
- paper
- sanitary products
- hair
- lint
- tree roots
- sludge
- soap residue
- other \_\_\_\_\_

- drain line(s) \$ \_\_\_\_\_
- labor \$ \_\_\_\_\_
- extra reel / man \$ \_\_\_\_\_
- vent / acid \$ \_\_\_\_\_
- materials \$ \_\_\_\_\_
- tax \$ \_\_\_\_\_
- addition drain - \$ \_\_\_\_\_
- senior citizen \$ \_\_\_\_\_
- TOTAL \$ 175.00
- AMT. PAID \$ \_\_\_\_\_

### Method of Payment

- Cash
- Check # \_\_\_\_\_
- Bill
- Credit Card \_\_\_\_\_
- CC# \_\_\_\_\_
- Exp \_\_\_\_\_ / \_\_\_\_\_
- App# \_\_\_\_\_

AMT. DUE \$ 175.00

Start Time \_\_\_\_\_

Finish Time \_\_\_\_\_

Blades Used \_\_\_\_\_

Footage Cleaned \_\_\_\_\_

REMARKS \_\_\_\_\_

## GUARANTEE

For the period of \_\_\_\_\_ days from the above date, we agree to reclean your \_\_\_\_\_ twice at no additional cost in the event the sewer or pipe fails to function due to **root stoppage**. This guarantee **does not** include stoppages caused by rags, garbage, sanitary products, customer abuse, or broken, damaged, or settled sections of pipes.

Signed \_\_\_\_\_

I UNDERSTAND THE CONDITIONS OF THE ABOVE GUARANTEE

Upon my request, Roto-Rooter sewer service performed services at the time and place herein stated; that the charge therefore, is as stated herein; that said services were performed in an efficient manner, and are accepted as such. In the event the amount due is not paid within 30 days, and the matter is placed in the hands of an attorney at law, I understand I assume all attorney fees, court cost and other legal fees set forth under the law. I assume collection agency cost if not paid within 30 days.

Signed Clay

Serviceman Clay

Additional Serviceman Danny

Pay this invoice

Guarantee void without customer copy



# INVOICE

P.O. BOX 1462

STATESBORO, GA 30459

Nº 2749

PHONE (912) 489-8080

FAX (912) 681-2970

NAME K - MART  
 ADDRESS 715 Northside PRÉ  
 CITY STATESBORO STATE GA ZIP \_\_\_\_\_  
 PHONE NUMBER 744 6992

DATE 1-18-02

PO# \_\_\_\_\_

JOB ADDRESS (IF DIFFERENT) \_\_\_\_\_

Initial Findings UNCLOG MEN'S TOILET  
IN LAJAWAY RESTROOM.

Estimate to Repair \$ \_\_\_\_\_ Signed \_\_\_\_\_

I UNDERSTAND THE FINDINGS LISTED ABOVE

### YOUR:

- kitchen sink ..... \$ \_\_\_\_\_
- lavatory sink ..... \$ \_\_\_\_\_
- tub ..... \$ \_\_\_\_\_
- shower ..... \$ \_\_\_\_\_
- toilet ..... \$ \_\_\_\_\_
- laundry line ..... \$ \_\_\_\_\_
- floor drain ..... \$ \_\_\_\_\_
- septic tank line ..... \$ \_\_\_\_\_
- main sewer line ..... \$ \_\_\_\_\_
- other \_\_\_\_\_

### WAS CLOGGED BY:

- grease
- food
- paper
- sanitary products
- hair
- lint
- tree roots
- sludge
- soap residue
- other UNKNOWN

### CHARGES:

- drain line(s) \$ \_\_\_\_\_
- labor \$ 89.00
- extra reel / man \$ \_\_\_\_\_
- vent / acid \$ \_\_\_\_\_
- materials \$ \_\_\_\_\_
- tax \$ \_\_\_\_\_
- addition drain - \$ \_\_\_\_\_
- senior citizen \$ \_\_\_\_\_
- TOTAL \$ 89.00
- AMT. PAID \$ \_\_\_\_\_

### Method of Payment

- Cash
- Check # \_\_\_\_\_
- Bill
- Credit Card \_\_\_\_\_
- CC# \_\_\_\_\_
- Exp \_\_\_\_\_ / \_\_\_\_\_
- App# \_\_\_\_\_

AMT. DUE \$ 89.00

Start Time \_\_\_\_\_

Finish Time \_\_\_\_\_

Blades Used \_\_\_\_\_

Footage Cleaned \_\_\_\_\_

REMARKS \_\_\_\_\_

## GUARANTEE

For the period of \_\_\_\_\_ days from the above date, we agree to reclean your \_\_\_\_\_ twice at no additional cost in the event the sewer or pipe fails to function due to **root stoppage**. This guarantee **does not** include stoppages caused by rags, garbage, sanitary products, customer abuse, or broken, damaged, or settled sections of pipes.

Signed \_\_\_\_\_  
 I UNDERSTAND THE CONDITIONS OF THE ABOVE GUARANTEE

Upon my request, Roto-Rooter sewer service performed services at the time and place herein stated; that the charge therefore, is as stated herein; that said services were performed in an efficient manner, and are accepted as such. In the event the amount due is not paid within 30 days, and the matter is placed in the hands of an attorney at law, I understand I assume all attorney fees, court cost and other legal fees set forth under the law. I assume collection agency cost if not paid within 30 days.

Signed Mary Ann Cone

Serviceman LEO

Additional Serviceman \_\_\_\_\_

Pay this invoice

Guarantee void without customer copy