

MR. VLADIMIR / BAMBI SAY ATTN: MS. SHIELA/DONDON

3 YAP ST. COR. TABUENA, CORINTHIANS GARDEN, BRGY. UGONG NORTE, QUEZON CITY

TEL: 0917-5536478

Sir/ Madam,

This is to bill you on the service job done to your unit for the month of OCTOBER 2024.

Details of the charges are stated below and a copy of the Service Job Report is attached for your references:

DATE ATTENDED	SJR #	QUANTITY/MODEL	SERVICE JOB DONE	AMOUNT
09-Oct-24	HO-00225414	(1) KSG-SW30-6H1M	GENERAL CLEANING	1,500.00
	TOTAL		P	1,500.00
	LESS: DISCOUNT			(105.00)
	TOTAL AMOUNT DUE		P	1,395.00

For any clarifications please feel free to call the Undersigned at the telephone number 8852-6473.

Note: If check payment, please prepare check payable to Kolin Philippines International Inc.

Account #: BDO - KALAYAAN 011808000428

Note: In case thru Bank Deposit under BDO Account, kindly indicate SJR# for your Bank Reference in the deposit slip and Fax to **(632)** 8852-6473 or E-mail to: kmi_asst@kolinphil.com.ph

Prepared by:

Janellen S Lim
KMI - Assisirant

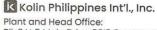
Received by:

Signature over printed name

Noted by:

Man Namaniel R. Flores

KMI - Supervisor



Plant and Head Office: Blk 3 Lt 5 Main Drive, FCIE Compound, Brgy. Langkaan I, Dasmarinas, Cavite Tel.: (632) 8749-2118 Fax (046) 402-0793 www.kolinphil.com.ph / kolinphilippines Operation Office: 1854 Sta. Rita St., Guadalupe Nuevo, Makati City Tel.: (632) 8851-2711, 12 or 15 Fax: (632) 8852-2170 Sales Dept. Fax: (632) 8852-4791





Tel. No. 2002-2008 Associated and Associated Service Services (Associated Services) (Aso	ORT 25414			
Address				
End Time				
Telephone No. 032-0513/514-7889/359-9899 Mobile No. 0617-5556/478 / 0398-963111 Relayed by Missand Noble No. 0617-5556/478 / 0398-96311 Relayed by Missand Noble				
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Serviced by Serviced by Signing below, I authorize or give consent to Kolin Philippines International, Inc. and its ASC to collect store and process me				
information for availing service as required by Data Privacy Act of 2012 and other applicable laws and regulations.				
I hereby agree to the above recair charges incurred/to be incurred to my unit and to the terms and conditions stated at the bac received the unit in good working condition.	k, and that I			
Created by: Conformed by:				
Technician(s) ROCHELE D. CORONO Customer (Signature over printed name)				