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#	Date	Invoice	Customer	Address				Service Required	
Vehicle Location/Cross Street				Year	Make	Model	Color		
Towed To									
Plate #	State	VIN #		Keys	Time In	Time Dispatched	Time Completed	Truck #	
				With W/Out	AM PM	AM PM	AM PM		
Tow Charge	Mileage Charge	Misc. Charge	Storage Charge		Total Charge		Job Completed		
							YES NO		

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