

B 10 (Official Form 10) (12/11)

KCC

UNITED STATES BANKRUPTCY COURT		District of Delaware	PROOF OF CLAIM
Name of Debtor: Welded Construction, LP		Case Number: 18-12378 KG	2018 NOV 19 AM 8:30
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			CLERK U.S. BANKRUPTCY COURT DISTRICT OF DELAWARE
Name of Creditor (the person or other entity to whom the debtor owes money or property): Blue Beacon International, Inc. dba Blue Beacon Truck Wash			COURT USE ONLY
Name and address where notices should be sent: P.O. Box 856 Salina, KS 67402-0856			<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number: (785) 826-8270 email: davem@bluebeacon.com			Court Claim Number: _____ (if known)
Name and address where payment should be sent (if different from above):			Filed on: _____
Telephone number: email:			<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ 2,337.54			RECEIVED
If all or part of the claim is secured, complete item 4.			NOV 29 2018
If all or part of the claim is entitled to priority, complete item 5.			KURTZMAN CARSON CONSULTANTS
<input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>Services Performed</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: 3 2 3 0	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ 2,337.54	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	Amount entitled to priority: \$ _____
<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	
*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			



181237818119000000000021

7. Documents: Attached are **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. If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

RECEIVED

8. Signature: (See instruction #8)

NOV 29 2018

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or co-obligor. (See Bankruptcy Rule 3005.)
- (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.)

KURTZMAN CARSON CONSULTANTS

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Charlie Tuttle
 Title: CFO
 Company: Blue Beacon International, Inc.
 Address and telephone number (if different from notice address above): _____

Charlie Tuttle 11-9-2018
 (Signature) (Date)

Telephone number: (785) 826-8270 email: davem@bluebeacon.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



TRUCK WASHES

Blue Beacon International, Inc

P.O. Box 856

Salina, Kansas 67402-0856

Direct Line to Accounting Department (785) 825-0904

Effective October 1, 2018

Price Increase

see billing insert

for more information

0113230

Welded Construction

PO Box 470

Perrysburg, OH 43552

Open Fall 2018!

Blue Beacon of Nashville, TN


I-24, Exit 62

Across from TA

Featuring Undercarriage Rinse

*** INVOICE SUMMARY ***

Invoice Number	2680129
Invoice Date	08-31-2018
Due Date	09-30-2018
Ticket Count	13
Original Ticket Total	\$1,098.84
Ticket Adjustments	\$0.00
Invoice Discount (See Page 2)	\$0.00
Late Payment Fee	\$9.97
Credits	\$0.00
Current Charges	\$1,108.81
Past Due as of: 09-07-2018 (See Page 2)	\$690.68
Total Due	\$1,799.49

Please detach here and return with remittance 



Blue Beacon Truck Washes

Account No: 0113230

Name: WELDED CONSTRUCTION

Enter Any Adjustments To Tickets

Ticket #	Amount	Reason

Reconciling This Invoice #2680129

Amount Due This Invoice	\$1,799.49
Payment Due Date	09-30-2018
Your Adjustments	_____
Amount Being Paid	_____
Check Number	_____
(Or Reference# if paying by Electronic Transfer)	

Please pay the amount due shown above, or provide detail by ticket explaining why you are paying a different amount. (See Table at Left.)

ACCOUNT STATUS PRIOR TO THIS INVOICE: PAST DUE (AS OF 09-07-2018)

Invoice Number	Invoice Date	Due Date	Invoice Amount	Last Payment	Amount Paid	Balance Due	Status
2633770	06-30-2018	07-31-2018	\$1,758.95	08-20-2018	\$1,758.95	\$0.00	Paid
2656901	07-31-2018	08-31-2018	\$690.68		\$0.00	\$690.68	Not Paid - Due on 08-31-2018

TICKET DETAIL

FROM: 08-01-2018 THRU 08-31-2018

TICKET DATE	TICKET NUMBER	TRUCK WASH CITY	ST	TRACTOR NUMBER	TRAILER NUMBER	DRIVERS NAME	PO	SERVICE DESCRIPTION	QTY	SRV AMT	TOT DUE
08-31-2018	F65690108							Late Fee For Inv 2656901	1	9.97	9.97
08-02-2018	071166072	Bentleyville	PA	0834	NA	JASON SANDERF	MXP2018-01	SpecEq St Trk Flat	1	49.50	
								Engine Wash Conventional	1	9.00	
								RainX Comp St Trk Lg	1	10.00	
								Undercarriage Rinse	1	6.00	
								Min@5.00 Mud/OthRem 5W	6	30.00	
								Booms/Attachments by Bid	1	25.00	
								TAX		7.77	137.27
08-19-2018	071167359	Bentleyville	PA	231403	NONE	DAVID RIFFLE	201801	Pickup / Van	1	16.00	
								Engine Wash - Misc	1	5.00	
								RainX Complete Pickup/Auto	1	5.50	
								Undercarriage Rinse	1	6.00	
								TAX		1.95	34.45
08-29-2018	071168216	Bentleyville	PA	30-3001	33-1001	ROBERT DUNCAN	201801	Conventional Only	1	43.00	
								Engine Wash Conventional	1	9.00	
								RainX Complete Tractor	1	8.50	
								TAX		3.63	64.13
08-27-2018	071167981	Bentleyville	PA	30-3018	1158	TODD STORAGE	62254	Conventional With	1	36.00	
								Flat Trlr	1	23.50	
								CitruShine All Tractor	1	10.00	
								Engine Wash Conventional	1	9.00	
								RainX Complete Tractor	1	8.50	
								Undercarriage Rinse	1	6.00	
								Add'l Tractor Axle	1	2.00	
								Add'l Trailer Axle	1	2.00	
								TAX		5.82	102.82

TICKET DATE	TICKET NUMBER	TRUCK WASH CITY	ST	TRACTOR NUMBER	TRAILER NUMBER	DRIVERS NAME	PO	SERVICE DESCRIPTION	QTY	SRV AMT	TOT DUE
08-13-2018	071166904	Bentleyville	PA	30-3021	1180	MICHAEL SEMEWAK	2016-22	Conventional With Flat Trlr	1	36.00	
								CitruShine All Tractor	1	23.50	
								Engine Wash Conventional	1	10.00	
								RainX Complete Tractor	1	9.00	
								Undercarriage Rinse	1	8.50	
								No Sleeper \$2.00 Discount	1	6.00	
								Add'l Tractor Axle	1	-2.00	
								Add'l Trailer Axle	1	2.00	
								TAX	1	2.00	
										5.70	100.70
08-03-2018	050222591	Stony Ridge	OH	303015	304002	DARRIN GROOMS	2018-50	Conventional With Flat Trlr	1	36.00	
								Engine Wash Conventional	1	23.50	
								RainX Complete Tractor	1	9.00	
								Undercarriage Rinse	1	8.50	
								Add'l Tractor Axle	1	6.00	
								Add'l Trailer Axle	1	2.00	
								TAX	2	4.00	
										6.01	95.01
08-29-2018	071168177	Bentleyville	PA	725484	NA	KEN DWOREK	2016-22	Pickup / Van	1	16.00	
								RainX Complete Pckup/Auto	1	5.50	
								Undercarriage Rinse	1	6.00	
								TAX	1	1.65	29.15
08-13-2018	071166941	Bentleyville	PA	754986	NONE	SCOTT JENKINS	20181B	Pickup / Van	1	16.00	
								Engine Wash - Misc	1	5.00	
								RainX Complete Pckup/Auto	1	5.50	
								Undercarriage Rinse	1	6.00	
								TAX	1	1.95	34.45
08-19-2018	071167367	Bentleyville	PA	PICK UP	NONE	DON KRUG	2018-01	Pickup / Van	1	16.00	
								RainX Complete Pckup/Auto	1	5.50	
								TAX	1	1.29	22.79
08-12-2018	071166869	Bentleyville	PA	PICKUP	NONE	DON KRUG	2018-01	Pickup / Van	1	16.00	
								RainX Complete Pckup/Auto	1	5.50	
								Undercarriage Rinse	1	6.00	
								TAX	1	1.65	29.15
08-06-2018	071166404	Bentleyville	PA	R50156	NONE	DAVID KIRK	62254	SpecEq St Trk Flat	1	49.50	
								CitruShine Wheel-Pwr Unit	8	8.00	
								Engine Wash Conventional	1	9.00	
								RainX Comp St Trk Flt	1	8.00	
								Undercarriage Rinse	1	6.00	
								Min@3.25 Mud/OthRem 2W	3	9.75	
								Min@6.50 Mud/OthRem 8W	5	32.50	
								TAX	1	7.37	130.12

TICKET DATE	TICKET NUMBER	TRUCK WASH CITY	ST	TRACTOR NUMBER	TRAILER NUMBER	DRIVERS NAME	PO	SERVICE DESCRIPTION	QTY	SRV AMT	TOT DUE
08-06-2018	071166403	Bentleyville	PA	WR951065	NONE	KYLE TRUMBLE	62254	SpecEq St Trk Flat	1	49.50	
								CitrusShine All Tractor	1	10.00	
								Engine Wash Conventional	1	9.00	
								RainX Comp St Trk Lg	1	10.00	
								Undercarriage Rinse	1	6.00	
								Min@5.00 Mud/OthRem 5W	5	25.00	
								Add'l Tractor Axle	1	2.00	
								Booms/Attachments by Bid	1	35.00	
								TAX		8.79	155.29
08-25-2018	071167824	Bentleyville	PA	WR951065	NA	KYLE TRUMBLE	62254	SpecEq St Trk Flat	1	49.50	
								CitrusShine All Tractor	1	10.00	
								Engine Wash Conventional	1	9.00	
								RainX Comp St Trk Flt	1	8.00	
								Undercarriage Rinse	1	6.00	
								Min@2.25 Mud/OthRem 1W	3	6.75	
								Min@6.00 Mud/OthRem 7W	8	48.00	
								Add'l Tractor Axle	1	2.00	
								Booms/Attachments by Bid	1	15.00	
								TAX		9.26	163.51



TRUCK WASHES

Blue Beacon International, Inc

P.O. Box 856

Salina, Kansas 67402-0856


Direct Line to Accounting Department (785) 825-0904

0113230
Welded Construction
PO Box 470
Perrysburg, OH 43552

Effective October 1, 2018
Price Increase
see billing insert
for more information

NOW OPEN!
Blue Beacon of Nashville, TN
I-24, Exit 62
Across from TA
Featuring Undercarriage Rinse

*** INVOICE SUMMARY ***	
Invoice Number	2703469
Invoice Date	09-30-2018
Due Date	10-31-2018
Ticket Count	9
Original Ticket Total	\$929.91
Ticket Adjustments	\$.00
Invoice Discount (See Page 2)	\$.00
Late Payment Fee	\$16.48
Credits	\$.00
Current Charges	\$946.39
Past Due as of: 10-04-2018 (See Page 2)	\$1,108.81
Total Due	\$2,055.20

Please detach here and return with remittance 



Blue Beacon Truck Washes

Account No: 0113230
Name: WELDED CONSTRUCTION

Enter Any Adjustments To Tickets		
Ticket #	Amount	Reason

Reconciling This Invoice #2703469	
Amount Due This Invoice	\$2,055.20
Payment Due Date	10-31-2018
Your Adjustments	_____
Amount Being Paid	_____
Check Number	_____
(Or Reference# if paying by Electronic Transfer)	

Please pay the amount due shown above, or provide detail by ticket explaining why you are paying a different amount. (See Table at Left.)

ACCOUNT STATUS PRIOR TO THIS INVOICE: PAST DUE (AS OF 10-04-2018)

Invoice Number	Invoice Date	Due Date	Invoice Amount	Last Payment	Amount Paid	Balance Due	Status
2656901	07-31-2018	08-31-2018	\$690.68	09-17-2018	\$690.68	\$0.00	Paid
2680129	08-31-2018	09-30-2018	\$1,108.81		\$0.00	\$1,108.81	Not Paid - Due on 09-30-2018

TICKET DETAIL

FROM: 09-01-2018 THRU 09-30-2018

TICKET DATE	TICKET NUMBER	TRUCK WASH CITY	ST	TRACTOR NUMBER	TRAILER NUMBER	DRIVERS NAME	PO	SERVICE DESCRIPTION	QTY	SRV AMT	TOT DUE
09-30-2018	F68012909							Late Fee For Inv 2680129	1	16.48	16.48
09-03-2018	071168674	Bentleyville	PA	231403	NONE	DAVID RIFFLE	201801	Pickup / Van	1	16.00	
								Engine Wash - Misc	1	5.00	
								RainX Complete Pickup/Auto	1	5.50	
								Undercarriage Rinse	1	6.00	
								Min@5.50 Mud/OthRem 6W	4	22.00	
								TAX		3.27	57.77
09-16-2018	042108206	Carlisle	PA	30-3011	34742	GREG ADAMSO	80988	Conventional With	1	40.00	
								Flat Trlr	1	25.50	
								Engine Wash Conventional	1	10.00	
								RainX Complete Tractor	1	9.50	
								Undercarriage Rinse	1	6.00	
								No Sleeper \$2.00 Discount	1	-2.00	
								TAX		5.34	94.34
09-16-2018	042246700	Carlisle	PA	30-3012	29427	DESMOND MARCUM	80988	Conventional With	1	40.00	
								Flat Trlr	1	25.50	
								Engine Wash Conventional	1	10.00	
								RainX Complete Tractor	1	9.50	
								Undercarriage Rinse	1	6.00	
								Add'l Tractor Axle	1	2.00	
								Add'l Trailer Axle	1	2.00	
								TAX		5.70	100.70
09-04-2018	050109609	Stony Ridge	OH	3015	4002	DARRIN GROOMS	2018-50	Conventional With	1	36.00	
								Flat Trlr	1	23.50	
								CitruShine All Tractor	1	10.00	
								Engine Wash Conventional	1	9.00	
								RainX Complete Tractor	1	8.50	
								Undercarriage Rinse	1	6.00	
								Add'l Tractor Axle	1	2.00	
								Add'l Trailer Axle	1	2.00	
								TAX		6.55	103.55

TICKET DATE	TICKET NUMBER	TRUCK WASH CITY	ST	TRACTOR NUMBER	TRAILER NUMBER	DRIVERS NAME	PO	SERVICE DESCRIPTION	QTY	SRV AMT	TOT DUE
09-18-2018	050225916	Stony Ridge	OH	3015	3004	DARRIN GROOMS	2018-50	Conventional With Flat Trlr	1	36.00	
								CitruShine All Tractor	1	10.00	
								Engine Wash Conventional	1	9.00	
								RainX Complete Tractor	1	8.50	
								Undercarriage Rinse	1	6.00	
								No Sleeper \$2.00 Discount	1	-2.00	
								Add'l Tractor Axle	1	2.00	
								Add'l Trailer Axle	1	2.00	
								TAX		6.41	101.41
09-24-2018	050111182	Stony Ridge	OH	3015	4002	DARRIN GROOMS	2018-50	Conventional With Flat Trlr	1	36.00	
								CitruShine All Tractor	1	10.00	
								Engine Wash Conventional	1	9.00	
								RainX Complete Tractor	1	8.50	
								Undercarriage Rinse	1	6.00	
								No Sleeper \$2.00 Discount	1	-2.00	
								Add'l Tractor Axle	1	2.00	
								TAX		6.28	99.28
09-16-2018	042108188	Carlisle	PA	303019	30-4009	CHAD COBLE	80988	Conventional With Flat Trlr	1	40.00	
								CitruShine All Tractor	1	10.00	
								Engine Wash Conventional	1	10.00	
								RainX Complete Tractor	1	9.50	
								Undercarriage Rinse	1	6.00	
								Min@4.75 Mud/OthRem 5W	9	42.75	
								TAX		8.63	152.38
09-01-2018	071168494	Bentleyville	PA	PICKUP	NA	DON TRUG	201801	Pickup / Van	1	16.00	
								RainX Complete Pckup/Auto	1	5.50	
								Min@6.50 Mud/OthRem 8W	4	26.00	
								TAX		2.85	50.35
09-29-2018	071170487	Bentleyville	PA	WR951065	NA	KYLE TRUMBLE	62254	TreBdy StTrk Flat DAx	1	40.00	
								CitruShine All Tractor	1	10.00	
								Engine Wash Conventional	1	9.00	
								RainX Comp St Trk Flt	1	8.00	
								Undercarriage Rinse	1	6.00	
								Min@5.50 Mud/OthRem 6W	11	60.50	
								Add'l Tractor Axle	1	2.00	
								Booms/Attachments by Bid	1	25.00	
								TAX		9.63	170.13



TRUCK WASHES

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P.O. Box 856

Salina, Kansas 67402-0856

Direct Line to Accounting Department (785) 825-0904

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Effective October 1, 2018
Price Increase
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NOW OPEN!
Blue Beacon of Nashville, TN
I-24, Exit 62
Across from TA
Featuring Undercarriage Rinse

*** INVOICE SUMMARY ***	
Invoice Number	2726970
Invoice Date	10-31-2018
Due Date	11-30-2018
Ticket Count	3
Original Ticket Total	\$251.91
Ticket Adjustments	\$0.00
Invoice Discount (See Page 2)	\$0.00
Late Payment Fee	\$30.43
Credits	\$0.00
Current Charges	\$282.34
Past Due as of: 11-07-2018 (See Page 2)	\$2,055.20
Total Due	\$2,337.54

Please detach here and return with remittance



Blue Beacon Truck Washes

Account No: 0113230
Name: WELDED CONSTRUCTION

Enter Any Adjustments To Tickets		
Ticket #	Amount	Reason

Reconciling This Invoice #2726970	
Amount Due This Invoice	\$2,337.54
Payment Due Date	11-30-2018
Your Adjustments	_____
Amount Being Paid	_____
Check Number	_____
(Or Reference# if paying by Electronic Transfer)	

Please pay the amount due shown above, or provide detail by ticket explaining why you are paying a different amount. (See Table at Left.)

ACCOUNT STATUS PRIOR TO THIS INVOICE: PAST DUE (AS OF 11-07-2018)

Invoice Number	Invoice Date	Due Date	Invoice Amount	Last Payment	Amount Paid	Balance Due	Status
2680129	08-31-2018	09-30-2018	\$1,108.81		\$0.00	\$1,108.81	Not Paid - Due on 09-30-2018
2703469	09-30-2018	10-31-2018	\$946.39		\$0.00	\$946.39	Not Paid - Due on 10-31-2018

TICKET DETAIL

FROM: 10-01-2018 THRU 10-31-2018

TICKET DATE	TICKET NUMBER	TRUCK WASH CITY	ST	TRACTOR NUMBER	TRAILER NUMBER	DRIVERS NAME	PO	SERVICE DESCRIPTION	QTY	SRV AMT	TOT DUE
10-31-2018	F68012910							Late Fee For Inv 2680129	1	16.48	16.48
10-31-2018	F70346910							Late Fee For Inv 2703469	1	13.95	13.95
10-08-2018	071171309	Bentleyville	PA	272001	NONE	DAYNE SEDITZ	201622	SpecEq St Trk Tanker	1	55.00	
								Engine Wash Conventional	1	9.00	
								RainX Comp St Trk Lg	1	10.00	
								Undercarriage Rinse	1	6.50	
								Brush St Truck Tanker	1	8.00	
								TAX		5.31	93.81
10-13-2018	071171721	Bentleyville	PA	30-3018	1150	TODD STORACE	2016-22	Conventional With	1	37.00	
								Flat Trlr	1	24.50	
								Engine Wash Conventional	1	9.00	
								RainX Complete Tractor	1	8.50	
								Undercarriage Rinse	1	6.50	
								Single Axle \$2.00 Disc	1	-2.00	
								Min@5.43 Mud/OthRem 6W	5	27.15	
								TAX		6.64	117.29
10-21-2018	071172385	Bentleyville	PA	PICKUP	NONE	DON KRUG	201801	Pickup / Van	1	17.50	
								Engine Wash Conventional	1	9.00	
								RainX Complete Pckup/Auto	1	5.50	
								Undercarriage Rinse	1	6.50	
								TAX		2.31	40.81



TRUCK WASHES

Fleet Charge Authorization Blue Beacon Truck Washes

PO Box 856 • Salina, KS 67402-0856
Phone 785-826-8250 • FAX 785-822-3786
E-mail: chgapp@bluebeacon.com

Ref#8113230

Company Name: Welded Construction

Phone: 419-874-3548 Fax: 419-874-4883 E-mail: SWeaver@welded.com

Person to Contact: Steven Weaver 419-874-6812
Phone: _____ Ext: _____

Street Address: 26933 Eckel Road Perrysburg OH 43551
City State Zip

Mailing Address: POB 470 Perrysburg OH 43552
City State Zip

CREDIT AGREEMENT AND DISCLOSURE

Customer agrees to the following: Payment is due on the last business day of the month following purchase. Late payment fees on past due balances are computed at periodic rates of 1.5% per month (APR of 18%). In the event of default, customer agrees to pay all costs of collection including a reasonable attorney's fee.

All credit sales are made subject to the Kansas Uniform Consumer Credit Code. Customer consents and agrees that any or all of the terms of this agreement may be changed after notice is given in writing in two billing cycles prior to the effective date of the change. Permission is hereby granted by the applicant for Blue Beacon to investigate all statements contained herein and further authorizes any of our creditors to release information in regard to our financial status.

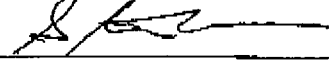
NOTICE

1. Do not sign this agreement before you read it.
2. You are entitled to a copy of this agreement.

Office Use Only	Date	Initials
Rec'd	_____	_____
Process	_____	_____
Opened	_____	_____

FORM BB-128 Rev 10/03/07

Authorized By STEVEN WEAVER Title TRANSPORTATION MANAGER
PLEASE PRINT

Authorized Signature X  Date 1/5/10

PLEASE SIGN