The Skillet Octor Intake Form

INVOICE

2112A Vine Street	717 Valencia Street	313 B Street						
Berkeley, CA	San Francisco, CA	Petaluma, CA						
510-883-1606	917-304-6490	707-762-7355		INVOICE #			DATE	
						_	_//2025	
BILL TO				CUSTO	MER ID		TERMS	
Name:				Balance Due Upon Pick-Up				
(Company If Applies	s):							
Street Address:								
City, State, Zip:								
Phone :								
[Email Address] :	@							
CAST IRON DESC	RIPTION (ex: W agner num	ber 8 skillet)	QT	Y	UNIT PRICE		AMOUNT	
			1				-	
							-	
							-	
							-	
							-	
	_						-	
	Delivery		\$25.0				-	
	Pick Up		\$0.0	:			-	
							-	
							-	
Thank you for your business!			SU	SUBTOTAL			·_	
			De	oosit		\$	·	
Restoration Completed			De	ivery Fe	e (if applicable)	\$		

If you have questions about this order please contact:

Seth Affoumado The Skillet Ouctor (415) 531-2651 email: fixcastiron@gmail.com

Balance Due