AUTO REPAIR ORDER

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★ CODE N-NEW U-USED R-REBUILT M-OEM

QTY	★	PART NO. OR DESCRIPTION			SALE	
		MATERIALS AND SUPPLIES				
		TOTAL PARTS				

BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS THAT THE SMOG CHECK TEST INDICATES ARE NECESSARY. A CUSTOMER WILL BE CHARGED FOR INSPECTION REGARDLESS OF PASS OR FAIL.

SPECIAL REPAIRS

	TOTAL SPECIAL REPAIRS				

YOUR COMPANY NAME

P.O. Box
Street Address
CITY, STATE, ZIP CODE
Phone Number

001001

Date

Time Received A.M. P.M.

Promised A.M. P.M.

Written By

Cust. Order No.

Phone when ready Yes ☐ No ☐

Name

Address City

Vin. No.

Year-Make-Model License No. Odometer

PHONE Bus. Res.

ESTIMATE AMT.	
ADD'L AUTH. AMT.	
REVISED ESTIMATE	

DATE:
TIME:
APPROVED BY ☐ IN PERSON ☐ PHONE

I hereby authorize the repair work below to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car, truck or vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car, truck or vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any orther cause beyond your control.

Authorized By _____

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE. _____ (SIGNATURE OR INITIALS)

OPERATION	LAB. CHG.	
Lubrication ☐		
Change Oil ☐		
Change Oil Filter Cart. ☐		
Service Air Cleaner ☐		
Change Trans. Oil ☐		
Adjust Transmission ☐		
Hazardous Waste ☐		
Pack Front Wheel Brgs. ☐		
Rotate Tires ☐		
Adjust Brakes ☐		
Retain Parts ☐		
Destroy Parts ☐		

OPER. NO.	REPAIR ORDER LABOR INSTRUCTION	INTERNAL		

QTY.		SALE	
	GALS. GAS		
	QTS. OIL		
	LBS. GREASE		
	TOTAL GAS OIL GREASE		

RECOMMENDED SERVICE:

1.
2.
3.
4.
5.

BILLING
☐ CASH
☐ CHARGE
☐ INTERNAL

OK'D BY

TEARDOWN ESTIMATE - PARTS AND LABOR

ORIGINAL ESTIMATES	AUTHORIZED BY
PHONE	DATE TIME
REVISED ESTIMATES	REASON

ADDITIONAL COSTS | AUTHORIZED BY

IN PERSON PHONE # _____ DATE TIME

TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within _____ days of the date shown above if I choose not to authorize the services recommended. INIT.

Return Old Parts ☐ Yes ☐ No

Total Labor		
Hazardous Waste Disposal		
Special Repairs		
Parts		
Tires		
Gas, Oil & Grease		
Paint & Body Shop		
Sales Tax		
TOTAL		

OFFICE COPY

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