YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

001001

QTY.	PART NO. AND DESCRIPTION (All parts new unless otherwise specified)	AMOUNT	
	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.

Estimated cost for teardown and reassembly, $ _____

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.

SIGNATURE X _____ DATE _____

I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is understood that you will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control.

SIGNATURE
X _____ Date _____

SAVE OLD PARTS ☐ YES ☐ NO

OFFICE COPY

DATE IN A.M. P.M.		DATE PROMISED A.M. P.M.	
CUSTOMER'S ORDER NO.		ORDER WRITTEN BY	
NAME		BUS. PHONE	EXT.
ADDRESS		HOME PHONE	
CITY	STATE ZIP	LICENSE NO.	MILEAGE
YEAR, MAKE AND MODEL		CALL WHEN READY ☐ YES ☐ NO	MECHANIC/TECHNICIAN
SERIAL NO./V.I.N.		TERMS	

SERVICES REQUESTED / DESCRIPTION OF WORK	AMOUNT

ESTIMATED COSTS

PARTS	LABOR	TOTAL	
AUTHORIZED BY		☐ IN PERSON ☐ BY PHONE	
DATE	TIME	CALLED BY	PHONE

REVISED ESTIMATE / ADDITIONAL WORK

PARTS	LABOR	TOTAL	
AUTHORIZED BY		☐ IN PERSON ☐ BY PHONE	
DATE	TIME	CALLED BY	PHONE

TOTAL LABOR	
TOTAL PARTS	
TOTAL SUBLET	
GAS, OIL AND GREASE	
EPA / WASTE DISPOSAL	
TAX	
TOTAL ▶	

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AUTO REPAIR ORDER

PRINTED IN U.S.A.

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