PRESS HARD—USE MEDIUM BALL-POINT PEN ON A HARD SURFACE

001001

JIM'S TRANSMISSIONS

324 S. Main Street
Zeigler, IL 62999
618-596-6195 Fax (same as phone)
Free Estimates * Transmission Rebuilds *Any type of Repair

TRANSMISSION REPAIR ORDER

VIN 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

CUSTOMER COMMENTS:

ROAD CHECK & DIAGNOSIS:

OUTSIDE-SUBLET REPAIRS

PLEASE INITIAL HERE _____ TOTAL SUBLET REPAIRS

☐ CASH ☐ CHECK ☐ CHARGE ☐ CREDIT CARD

NAME | DATE

ADDRESS | RES. PHONE

CITY | STATE | ZIP | BUS. PHONE | ORDER WRITTEN BY

MAKE | MODEL | YEAR | PHONE WHEN READY ☐ YES ☐ NO | LICENSE NO. | ODOMETER

VACUUM ☐
FLOW ☐

ROAD CHECK NOT POSSIBLE ☐ TOWED BY:

FLUID LEVEL & CONDITION

DETENTS

KICKDOWN ☐

SPEEDOMETER FUNCTIONING

ESTIMATE

TIME _____ DATE ___/___/___

BY WHOM _____ PH# _____

ESTIMATED AMOUNT $ _____

REVISED ESTIMATE DATE ___/___/___

TIME _____ BY _____ $ _____
REVISED ESTIMATE

DATE _____ TIME _____ $ _____

BY _____ PH# _____

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above 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 other cause beyond your control. In the event legal action is necessary to enforce this contract, I understand that I am solely responsible for all costs including attorney's fees and court costs. I have read and understand the above and acknowledge receipt of an estimate. "BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY."

X _____

CODE N-New U-Used R-Rebuilt

QTY.		ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.		OPER. NO.	LABOR	AMOUNT

HAZARDOUS WASTE	
TOTAL LABOR	
TOTAL PARTS	
SUBLET REPAIRS	
TOTAL BEFORE TAX	
TAX	
TOTAL AMOUNT	

IMPORTANT NOTICE:

THE PRICE OF INSTALLING AN EXCHANGE REBUILT TRANSMISSION AND TORQUE CONVERTER IN YOUR VEHICLE, EXCLUDING OTHER HARD PARTS, IS $_____, THE PRICE OF THIS SAME SERVICE IF WE REBUILD YOUR OWN TRANSMISSION IS $_____.

FREQUENTLY HARD PARTS DO NOT NEED TO BE REPLACED. THE PURPOSE OF THE TEARDOWN AND INSPECTION IS TO DETERMINE WHAT HARD PARTS ARE NEEDED, IF ANY.

YOU HAVE A RIGHT TO:

(A) THE RETURN OF YOUR REPLACED PARTS UNLESS YOU ARE INFORMED OTHERWISE.
(B) KNOW THE MAXIMUM TIME IN WHICH THE REPAIR SHOP MUST REASSEMBLE AND REINSTALL YOUR TRANSMISSION IF YOU DO NOT AUTHORIZE THE SERVICE THE SHOP RECOMMENDS.
(C) HAVE YOUR TRANSMISSION REASSEMBLED AND INSTALLED FOR THE PRICE OF THE TEARDOWN.
(D) KNOW THE PRICES, TERMS, AND CONDITIONS OF ALL WARRANTIES, IF ANY.

CHECK THE APPROPRIATE BOXES BELOW:

☐ **YES** ___SAVE MY PARTS FOR INSPECTION OR RETURN UPON RECEIPT OF THE VEHICLE OR FOR____DAYS THEREAFTER.

☐ **NO** ___I DO NOT WANT TO INSPECT MY PARTS.

☐ **YES** ___I UNDERSTAND THAT MY TRANSMISSION WILL BE REASSEMBLED AND INSTALLED IN MY CAR WITHIN___DAYS OF THE DATE SHOWN BELOW IF I CHOOSE NOT TO AUTHORIZE THE SERVICE THE SHOP RECOMMENDS, THIS WILL BE DONE FOR $ _____, THE PRICE OF THE TEARDOWN.

X _____

INTEREST WILL BE CHARGED AT A RATE OF 1½% PER MONTH ON ACCOUNTS OVER 30 DAYS.

SEE IMPORTANT INFORMATION ON BACK

TRO 638-4