



*CODE N-NEW U-USED R-REBUILT M-OEM

QUAN.	*	PART NO. DESCRIPTION	SALES AMOUNT	COST



YOUR COMPANY
 123 Any Street
 Any City, State, Zip Code
 XXX-XXX-XXXX
 LIC or BAR # or TAG LINE

001001

REPAIR ORDER

OFFICE COPY

Name		Date		A.M. P.M.
Address			Order Written By	
City			Phone	
Year and Make	Model	Motor No.	Retain Parts	
Odometer	License	Promised A.M. P.M.	Destroy Parts	

Operation Number	INSTRUCTIONS					AMOUNT
	LUBRI-CATE <input type="checkbox"/>	CHANGE OIL <input type="checkbox"/>	FLUSH TRANS. <input type="checkbox"/>	FLUSH DIFF. <input type="checkbox"/>	WASH <input type="checkbox"/>	POLISH <input type="checkbox"/>

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.

ESTIMATE AMOUNT	PARTS LABOR
TIME	
DATE	ADD'L AUTH. AMOUNT
	REVISED ESTIMATE

APPROVED BY: IN PERSON PHONE

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE.

(SIGNATURE OR INITIALS)

SPECIAL REPAIRS

ACCESSORIES	AMOUNT	F.S.	Total Labor	Total Parts	Gas, Oil, Grease	Hazardous Waste Disposal	Accessories	Tires, Tubes	Special Work

I hereby authorize the above repair work 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 other cause beyond your control.

Work Authorized by: X Date Promised _____

Delivered to _____ Date Delivered _____

TOTAL	
TAX	
TOTAL AMOUNT	

AUTO REPAIR ORDER

PRINTED IN U.S.A.