



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



001001

**SMOG TEST-ONLY
 INVOICE**

VEHICLE YEAR, MAKE AND MODEL		CUSTOMER P.O.
ODOMETER	LIC. PLATE #	MOTOR #
ORDER WRITTEN BY		G.V.W.R.

NAME	DATE
ADDRESS	HOME PHONE ()
CITY, STATE, ZIP	<input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> PAGER ()
TEST TYPE: <input type="checkbox"/> BIENNIAL <input type="checkbox"/> CHANGE OF OWNERSHIP <input type="checkbox"/> 2% <input type="checkbox"/> HEP <input type="checkbox"/> FED. <input type="checkbox"/> CALIF. <input type="checkbox"/> O/S _____ ENGINE _____ # OF CYLINDERS _____ TRANSMISSION: <input type="checkbox"/> AUTO <input type="checkbox"/> STD TIMING _____ EM. LIGHT _____	

V.I.N. []

ORIGINAL ESTIMATE \$ **X** I acknowledge notice and oral approval of an increase in the original estimated price.

REVISED ESTIMATE \$ DATE TIME PHONE/CONTACT PHONE E-MAIL IN PERSON FAX

REASON ADDITIONAL COST \$

SMOG TEST / EMISSION CHECK OFF					
PCV		C/I			
TAC		EGR			
CAT		SPK			
EVP		CCO			
FR		INJ			
OC		OXY			
AIS		WRG			
TWC		VAC			
AP/P		OTH			
P-Pass F-Defective M-Modified D-Disconnected S-Missing N-N/A					

METHOD OF PAYMENT:
 CASH CHECK CHARGE DEBIT CARD CREDIT CARD

OPR.	DESCRIPTION OF WORK	AMOUNT
	SMOG TEST	
	PRETEST <input type="checkbox"/> YES <input type="checkbox"/> NO	
	CERTIFICATE #	
	ELECTRONIC TRANSFER FEE (E.T.F.)	
	RETEST	
	GAS CAP	

THIS SMOG TEST-ONLY STATION CANNOT PERFORM ANY DIAGNOSTICS, ADJUSTMENTS OR REPAIRS
 I hereby authorize the above smog test to be performed. Smog test fee is due whether above vehicle passes or fails the smog test. You and your employees may operate above vehicle for purposes of testing, inspection and delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of this invoice. You will not be held responsible for loss or damage to vehicle due to fire, theft, accident, dynamometer testing 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.

X _____ DATE: _____

TOTAL WORK		
CERTIFICATE		
E.T.F.		
SUB TOTAL		
SALES TAX		
GRAND TOTAL		