Reorder From JB Jenkins Business Forms 1-800-851-4424

ORDER FOR NECESSARY PARTS

ALL PARTS INSTALLED ARE NEW UNLESS OTHERWISE SPECIFIED

COST		QTY.	PART NUMBER	DESCRIPTION	PRICE	

(MAY BE CONTINUED ON OTHER SIDE) **TOTAL PARTS** $

ALL WORK CASH ON DELIVERY

I am authorized to order the above listed work, including the labor, parts and materials for the Manufactured Home or Recreational Vehicle described above. I agree to pay regular retail prices in cash or acceptable terms to you, upon the completion of the work ordered. If I fail to pay for the completed work, I understand you will have a mechanic's lien upon the Unit to secure payment for the work and I expressly waive all rights to claim exemption under the State Laws. If collection is made by a suit or any other method required, I agree to pay interest until paid in full, also collection cost, including reasonable Attorney's fee.
I agree not to hold your Company liable for loss or damage caused by theft, fire or any other cause beyond your Company's control to real or personal property delivered to the Company for repair, sale or storage. The Company employees may operate the above described Manufactured Home or Recreational Vehicle and my motor vehicle for purpose of testing, inspection or delivery at my risk.

THE RIGHT IS RESERVED TO SUBSTITUTE PARTS FOR THOSE CURRENTLY UNAVAILABLE.
STORAGE CHARGES OF $_____ PER DAY, WILL BE ADDED ON ALL ITEMS NOT PICKED UP WITHIN ____ WORKING DAYS AFTER NOTIFICATION OF COMPLETION OF SERVICE.

AUTHORIZED BY **X**

YOUR COMPANY NAME

Address
City State Zip
Telephone

DATE RECEIVED	DATE PROMISED
APPROVED BY	
DATE COMPLETED	
PHONE WHEN READY YES NO	ORDER TAKEN BY

TERMS

CASH	CHARGE	INTERNAL

NUMBER

NAME _____

ADDRESS _____

CITY _____ STATE ____ ZIP _____

RES. PHONE _____ BUS. PHONE _____

MAKE	SERIAL NO.	STATE ISSUED LICENSE NO.	YEAR	SIZE L	SIZE W

REPAIR ORDER INSTRUCTIONS - CHARGE ☐ CUSTOMER ☐ WARRANTY

Write Separate Ticket Each Warranty Item: ☐ RANGE ☐ REFRIGERATOR ☐ FURNACE ☐ WATER HEATER ☐ AIR CONDITIONER

Work Code No.	Time	Mech. No.	Make & Model	S/N	LABOR CHARGE

TIRE SERIAL # # # #

REPAIRMAN'S TRIPS TO AND FROM LOCATION. **Hours** **Mileage**

CUSTOMER'S CLEAR RECEIPT

The above described property has been received, and after having examined the work done, the material furnished, both the work and material has been found to be satisfactory.

ALL PARTS WILL BE DISCARDED UNLESS OTHER WISE INSTRUCTED. ☐ **SAVE** ☐ **DISCARD**

By **X** _____

INTERNAL SUMMARY

ACCT.	CHARGE	COST

TOTAL LABOR	
TOTAL PARTS	
TOTAL L/P	
TAX	
TOTAL INVOICE	
FREIGHT	
PAY THIS AMOUNT	

FORM 450® JENKINS BUSINESS FORMS • LUTZ, FL 33548
1-800-851-4424 • Rev 03/01

JBF

CUSTOMER'S NAME

REPAIR ORDER NO.

ADDITIONAL MATERIAL USED

COST	QUAN.	PART NO.	DESCRIPTION	SALES