

# MOTORCYCLE / SMALL ENGINE REPAIR ORDER

DATE

VEHICLE

NAME

### COMPANY NAME

Address  
City State Zip  
Phone & Fax  
Advertising line

**123456**

TAKEN BY

COMPANY NAME					QTY	PART NO.	DESCRIPTION	@	AMOUNT
Address City State Zip Phone & Fax Advertising line									
123456									
TAKEN BY									
NAME									
TEL. HOME									
ADDRESS									
TEL. WORK									
CITY / STATE / ZIP									
DATE IN									
DATE OUT									
COLOR									
YEAR									
MAKE/MODEL									
LIC. NO.									
ODOMETER									
ENGINE NO.									
FRAME NO.									
KEY NO.									
<b>SERVICES REQUESTED / PROBLEMS</b>									
<input type="checkbox"/> FULL SERVICE <input type="checkbox"/> OIL/FILTER CHANGE <input type="checkbox"/> CHAIN <input type="checkbox"/> CARBS									
<input type="checkbox"/> VALVES <input type="checkbox"/> TIMING <input type="checkbox"/> WHEEL ONLY <input type="checkbox"/> ENGINE ONLY									
(PARTS LISTING MAY BE CONTINUED ON BACK)									
								<b>TOTAL</b>	
<b>DESCRIPTION OF WORK PERFORMED</b>									
<b>WE RECOMMEND THE FOLLOWING REPAIRS</b>								<b>TOTAL LABOR</b>	
								<b>TOTAL PARTS</b>	
								<b>GAS/OIL/GREASE</b>	
								<b>ACCESSORIES</b>	
								<b>STORAGE</b>	
								<b>EPA/WASTE DISPOSAL</b>	
								<b>TAX</b>	
								<b>TOTAL</b>	
<p style="text-align: center;"><b>NOTICE</b></p> <p>A SERVICE FEE OF \$ _____ PER DAY WILL BE CHARGED IF VEHICLE IS NOT PICKED UP WITHIN _____ DAYS OF NOTIFICATION OF COMPLETION.</p>									
<b>ESTIMATED COSTS</b>									
PARTS \$			LABOR \$			TOTAL \$			
I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above 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 also 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.						HOURLY LABOR RATE \$ _____ HR.  SAVE OLD PARTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
CUSTOMER SIGNATURE <u>X</u> _____									
<b>REVISED ESTIMATE</b>									
PARTS \$			LABOR \$			TOTAL \$			
AUTHORIZED BY		DATE		TIME		<input type="checkbox"/> IN PERSON <input type="checkbox"/> BY PHONE			

FORM #SERO-635-3