Reorder From:
Jenkins Business Forms
(800) 851-4424

WORK ORDER

COMPANY NAME

Address
City State Zip
Telephone
Advertising Line

DATE

TIME AM PM

NAME | BUS. PHONE

ADDRESS | HOME PHONE

CITY | STATE | ZIP

MAKE & MODEL | YEAR | SER. NO. | MOTOR NO.

LICENSE NO. | STATE | ODOMETER | PROMISED | DATE COMPLETED

REPAIRS NEEDED ☐ OVERHAUL ☐ BRAKE JOB ☐ ENGINE TUNE UP ☐ CABLE ADJ. ☐ CHAIN ADJ. ☐ LUBRICATE ☐ FORK OIL ☐ OIL CHANGE ☐ WINTERIZE ☐ OTHER

REPAIR ORDER INSTRUCTIONS: CHARGE ☐ CUSTOMER ☐ WARRANTY DOWN PAYMENT $ _____

QTY.	PARTS NO. & DESCRIPTION	PRICE

(May be continued on other side) **PARTS TOTAL**

SERVICE ORDERED AND INSTRUCTIONS	AMOUNT
_____ GALS. GAS @ _____ = $	
_____ QTS. OIL @ _____ = $	

PROPRIETARY FORM
REPRODUCTION PROHIBITED

ALL PARTS WILL BE DISCARDED UNLESS OTHERWISE INSTRUCTED ☐ SAVE ☐ DISCARD

PRELIMINARY ESTIMATE	REVISED ESTIMATE
$	$

APPROVED TIME _____ ☐ VIA PHONE

BY: _____ ☐ IN PERSON

WARRANTY CLAIM NO. | INITIALS

I am authorized to order the above listed work, including the labor, parts and materials for the unit described above. I agree to pay regular retail prices in cash or on 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 control to real or personal property deliverd to the Company for repair, sales or storage. The Company employees may operate the above described Unit 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 _____

LABOR TOTAL	
PARTS TOTAL	
ACCESSORIES	
GAS, OIL & GREASE	
DELIVERY CHARGES	
SUBLET REPAIR TOTAL	
TAX	
TOTAL	

QTY.	PARTS NO. & DESCRIPTION	PRICE		EMPLOYEE NUMBER	OPERATION NUMBER	COST	ELAPSED TIME	TIME	
								OFF	
								ON	
								OFF	
								ON	
								OFF	
								ON	