

YOUR COMPANY NAME

REPAIR ORDER/INVOICE

Address City State Zip

| QTY. PART NO. & DESCRIPTION All parts new unless otherwise specified. | AMOUNT | | Phone and Fax Advertising Line | | | | | 123456 | |
|---|--------|---|--|-----------|-------------------|----------------|-------------|---|--|
| | | | NAME | | | | DATE | | |
| 300 | | | ADDRESS | | | | | | |
| | | | CITY | ITY STATE | | | | ZIP | |
| | | | HOME PHONE | | | BUS. PHONE | | EXT. | |
| | | | YEAR | MAKE | MODE | EL | TAG NO. | ODOMETER | |
| | | | PAINT CODE | TRIM | | BODY TYPE | | PROD. DATE | |
| | | | V.I.N. | | | | | | |
| | | | INS. CO. | | | | PHONE NO. | | |
| | | | ADJUSTER | | | CLAIM NO. | | | |
| | | | | DEC | SCRIPTION OF WORI | | HRS. | AMOUNT | |
| | l I | | | | | \ | rino. | AIVIOOIVI | |
| | | | | | r Estimate | | | | |
| | | | □ Sup | pplementa | ry Repairs | | | | |
| | | - | | | | | | | |
| | | | | | | | | | |
| QTY. PAINT & MATERIALS | AMOUNT | | | 1 | | | | <u> </u> | |
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| | | | 775 | | | | | | |
| | 5(1) | | | | | | | | |
| TOTAL | | | | Aut | o Bo | OV_ | | | |
| WARRANTEE STATEMENT | | | | E | KPERTS | 33 | | | |
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| | | | | | | | | | |
| "Any warrantee on the products sold hereby are those made by the manufacturer: expressly disclaims all warranties, either express or implied, including any implied particular purpose, and neither assumes nor authorizes any other person to assume f said products." PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT UNDER STATE LAW I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL BILL WILL EXCEED \$50.00. I REQUEST A WRITTEN ESTIMATE. I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COST DOES NOT EXCEED \$ SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY APPROVAL. I DO NOT REQUEST A WRITTEN ESTIMATE. Replaced parts will be returned if you request them when the repairs are ordered. (You may inspect those parts which must be returned to the manufacturer). | | | warranty of merchantability or fitness for a ESTIMATE CHARGE | | | | ARGE | | |
| | | | | | | TOTAL PARTS | TOTAL PARTS | | |
| | | | Ins. Co Pays \$ | | | TOTAL LABOR | | | |
| | | | Customer Pays \$ | | | TOTAL REFINISH | | | |
| | | | | | | TOTAL SUBLET | | | |
| | | | TOWING | | | | | | |
| | | | EPA/WASTE DISPOSAL | | | | | | |
| Replaced Parts Requested By Customer (Please Check) Yes No I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purpose of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is understood that this company assumes no responsibility for loss or damage by theft or fire to vehicles placed with them for storage, sale, repair or while road testing. AUTHORIZED BY | | | DEDUCTIBLE PAID BY STORAGE | | | | | | |
| | | | Cash Check Credit Card | | | | IB-TOTAL | | |
| | | | ☐ MC ☐ AMEX ☐ VISA | | | TAX | | | |
| | | | OtherLESS DEPOSIT | | | | | | |
| DATE | // | | CC No | | | | TOTAL | | |