PRINTED WITH SOY INK

AUTO REPAIR ORDER

REPAIR ORDER

OFFICE COPY

PRINTED IN U.S.A.

YOUR COMPANY NAME

Address
City State Zip
Phone And Fax
Advertising Line

123456

*CODE N-NEW U-USED R-REBUILT M-OEM

QUAN.	*	PART NO. DESCRIPTION	SALES AMOUNT		COST	

BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS THAT THE SMOG CHECK TEST INDICATES ARE NECESSARY. A CUSTOMER WILL BE CHARGED FOR INSPECTION REGARDLESS OF PASS OR FAIL.

ESTIMATE AMOUNT	PARTS LABOR		
TIME	ADD'L AUTH. AMOUNT		
DATE	REVISED ESTIMATE		

APPROVED BY:

☐ IN PERSON ☐ PHONE

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE.

(SIGNATURE OR INITIALS)

	SPECIAL REPAIRS				

Name		Date	A.M. / P.M.
Address		Order Written By	
City		Phone	
Year and Make	Model	Motor No.	Retain Parts
Odometer	License	Promised A.M. P.M.	Destroy Parts

Operation Number	INSTRUCTIONS	AMOUNT	
LUBRI-CATE ☐ CHANGE OIL ☐ FLUSH TRANS. ☐ FLUSH DIFF. ☐ WASH ☐ POLISH ☐			

	ACCESSORIES	AMOUNT		F.S.				
						Total Labor		
						Total Parts		
						Gas, Oil, Grease		
	Gals. Gas					Hazardous Waste Disposal		
	Qts. Oil					Accessories		
	Lbs. Grease					Tires, Tubes		
	Total Gas-Oil-Grease					Special Work		

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and or your employees permission to operate the car, truck or vehicle herein described on streets, highways or elsewhere for the purpose of testing and or inspection. An express mechanic's lien is hereby acknowledged on above car, truck or vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

Work Authorized by X ______________ Date Promised ______________

Delivered to ______________ Date Delivered ______________

TOTAL		
TAX		
TOTAL AMOUNT		

ARO-371-4

PROOF