ESTIMATES FOR LABOR ONLY–MATERIAL ADDITIONAL

REPAIR ORDER

YOUR COMPANY NAME

Address
City State Zip
Phone and Fax
Advertising Line

123456

QUAN.	PART NO.	NAME OF PART	SALES AMOUNT	COST
		TOTAL PARTS		
	Gals. Gas @			
	Qts. Oil @			
	Lbs. Grease @			
	Total Gas-Oil-Grease			

Name ____________________

Address ____________________

Phone No. ____________________ Date ____________________

Odometer Reading ____________________ Serial No. ____________________

MAKE AND MODEL	LICENSE NO. AND STATE	MOTOR NO.

OPERATION NUMBER	INSTRUCTIONS	AMOUNT
	LUBRI-CATE ☐ CHANGE OIL ☐ FLUSH TRANS. ☐ FLUSH DIFF. ☐ WASH ☐ POLISH ☐	

ACCESSORIES	AMOUNT	F. S.
Total Accessories		

Total Labor	
Total Parts	
Environmental Charges	
Gas, Oil, Grease	
Accessories	
Tires, Tubes	
Outside Work	
TOTAL	
TAX	
TOTAL AMOUNT	

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.

Work Authorized by ____________________ Date Promised ____________________

Delivered to ____________________ Date Delivered ____________________

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