



123456

★ CODE N-NEW U-USED R-REBUILT

YOUR COMPANY NAME

Address
City State Zip
Phone And Fax
Advertising Line

Date
Time Received
OPERATION
LAB. CHG.
A.M. P.M.
Promised
Written By
Cust. Order No.
Phone when ready
Bus.
Res.
I hereby authorize the repair work below 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.

Table with columns: QTY, PART NO. OR DESCRIPTION, SALE. Includes a star icon in the first row.

Name
Address
City
Vin. No.
Year-Make-Model
License No.
Odometer
ESTIMATE AMT.
ADD'L AUTH. AMT.
REVISED ESTIMATE
DATE: APPROVED BY
TIME: IN PERSON PHONE
Authorized By
I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE.

Table with columns: OPER. NO., REPAIR ORDER LABOR INSTRUCTION, INTERNAL. Multiple empty rows for repair entries.

Table with columns: QTY, SALE, BILLING, INTERNAL SUMMARY (ACCT, CHARGE, COST), Environmental Charges. Includes rows for GALS. GAS, QTS. OIL, LBS. GREASE, SPECIAL REPAIRS, and TOTAL SPECIAL REPAIRS.

AUTO REPAIR ORDER

BY LAW, YOU MAY CHOOSE ANOTHER FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY.

OFFICE COPY