	BECINIMING WORK
OFFICE COPY	ESTIMATE CODY - GIVE TO CHISTOMED DRIOD TO REGININING WORK
	CIVE TO
	ECTIMATE CODY

		AL	L PARTS ARE	<b>NEW UNLESS OTHER</b>	RWISE	INDIC/	ATED	_											
		QT	Y PART	NO. OR DESCRIPTION		SAI Amo			Υ	<b>OUR</b>	COMPA	NY	. 444				001	1001	
										123	Any Street		-						
								Any City, State, Zip Code					_	DATE				OR	
								XXX-XXX-XXXX WILL PRINT SAME COLOR SAME COLOR						OR .	TIME DE	OMICED		CHAF	RGE
								LIC or BAR # or TAG LINE					•	TIME PF	ROMISED 	LUBRICATION (			
								DILL TO							A.M.	P.M.	CHANGE OIL		
									BILL TO							ER NO.	CHANGE OIL FILTER CART.		
								ADDRE	DDRESS						ZIP C	ODE	SERVICE AIR CLEANER		
								CUSTO	JSTOMER'S NAME						SELLING	DLR.	REPLACE FUEL FILTER		
								ADDRES	SS			CIT	Υ		ZIP C	ODE	BRAKES		
								BUS. PI	HONE		RES. PHO	NE		C	CALL WHEN CALL WHEN				
									) MAKE		( ) COLOR		BODY TYPE		REAL	DY L	SERVICE DRIVE BELTS		
								YEAR	WATCE								ROTATE TIRES		
								VIN				OD	OMETER	W	RITTEN E	BY	BALANCE WHEELS		
								OPER. NO.		REP	AIR ORDER	- LAB	OR INSTRUC	TIONS			WHEEL ALIGNMENT		
																			}
																			ļ
				TOTAL PARTS															į
		P.0 NO	SU	BLET REPAIRS BY		AMO	UNT												7
			TOTAL SUBLET REPAIRS																
			CASH																
			CHARGE	GALS. GASOLINE	@														
			☐ INTERNAL	QTS. OIL	@														
			VISA	LBS, GREASE	@			ESTI	MATED COST OF	ABOVE RE	PAIRS 5			(HAZARDOUS					
		L	☐ MASTERCARD	AUTO TRANS, OIL	@			1	OU WANT THE OLD					hazardous was will be added v			HAZARDOUS WASTE DISPOSAL		
)		C	K'D BY	TOTAL GAS • OIL • (	GREASE			I, the F	Registered Owner,	authorize you	JTHORIZATION I to perform the	above re	pairs and furnish	from your vehi conjunction wi			117.012 BIOL 00/12		
		C	PRIGINAL STIMATE \$	AUTHORIZED BY				necessa	ry materials. I under ees may operate vel	stand any cos nicle for inspe	st quoted heretofo ction, testing, deli	re is an e	estimate only. Your	vehicle must compliance wi	be disp	osed of in	LABOR		
		PHONE DATE TIME  REVISED REASON ADDITIONAL				storage	be responsible for loss or damage to vertice or articles left in it. I agree by reasonable storage on vehicle left more than 48 hrs. after notification that repairs are completed. I local government hazardous waste							PARTS					
						1 VEHICL	VEHICLE FOR THE CHARGES FOR PARTS AND LABOR FURNISHED UNDER THIS   include any of						of the following: Oils, httfreeze, freon, clean-	ACCESSORIES					
	ESTIMATE COST \$					VEHICLE. IF I FAIL TO PAY SUCH CHARGES, I AGREE THAT THE VEHICLE MAY ing fluids								able items,	GAS, OIL & GREASE				
	AUTHORIZED   IN PERSON   BY   PHONE #				this lien or to bring suit for collection of any sums due, I agree to pay costs of collection						etc. BY LAW YOU M	IVA GRUUN	CE ANOTHER	PAINT MATERIAL					
			ONTACTED Y	DATE		TIME			RECEIPT OF A CO	PY OF THIS C				LICENSED SMOO	G CHECK	FACILITY TO	SUBLET		
	I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN TORIGINAL ESTIMATED PRICE.  CUST				N THE	PLEASE READ REVERSE SIDE ADJUSTME					PERFORM ANY ADJUSTMENTS W INDICATES ARE	VHICH THE	SMOG TEST	REPAIRS SALES TAX		BOCC-648-4			
											INDIONIES ARE	HEULOUAN		TOTAL AMOUNT					
		5	SIGN. X					5.314/1									•		