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001001

EMISSION CONTROL WORK ORDER

YOUR LOGO WILL PRINT SAME COLOR AS TEXT

YOUR COMPANY
123 Any Street
Any City, State, Zip Code
XXX-XXX-XXXX
LIC or BAR # or TAG LINE

Date	
Time Received	A.M. P.M.
Promised	A.M. P.M.
Written By	

BILLING

☐ CASH	Name		PHONE Phone when ready Yes ☐ No ☐
☐ BANK CARD NO.	Address	Apt. No.	Res.
☐ OIL CO. CARD NO.	City	Zip	Bus.
☐ CHECK NO.	Year - Model	Odometer	Inspector
☐ OTHER	Vin No.	License No.	Mech.

ALL PARTS ARE NEW UNLESS OTHERWISE DESIGNATED

* CODE N-NEW U-USED R-REBUILT

QTY.	*	PART NO. OR DESCRIPTION	PRICE		AMOUNT	
		TOTAL PARTS				

REPAIR ORDER LABOR INSTRUCTION	INTERNAL	
I/M SMOG INSPECTION		
I/M SMOG CERTIFICATE		

THIS IS TO ADVISE YOU THAT SOME EMISSION CONTROL DEVICES MAY STILL BE COVERED UNDER MFG.'S WARRANTY.
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.

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. In the event an attorney is retained to foreclose this lien or to bring suit for collection of any sums due I agree to pay costs of collection and reasonable attorney fees.

Authorized By _____ CUSTOMER ACKNOWLEDGES RECEIPT OF A COPY HEREOF _____ DATE _____ TIME

TOTAL LABOR	
PARTS	
OIL & FLUIDS	
SUB-TOTAL	
TAX	
GAS / GAL.	
TOTAL AMOUNT	

ESTIMATE:
INSPECTION FEE _____
CERTIFICATE IF ISSUED _____

TOTAL ESTIMATE _____

RETURN OLD PARTS Y N

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

X INITIALS _____

ESTIMATED COST $ OF ADDITIONAL REPAIR | DATE | TIME | IND. CONTACTED | PHONE NO.

ECO 674-3

(1) ORIGINAL