PRESS HARD ON A HARD SURFACE USING A BALL POINT PEN

YOUR COMPANY

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

YOUR LOGO WILL PRINT SAME COLOR AS TEXT

EMISSIONS SERVICE ORDER

001001

METHOD OF PAYMENT	DATE

NAME	PHONE - HOME/BUSINESS	YEAR, MAKE & MODEL	TIME WANTED AM PM	DEL.

ADDRESS	CITY	STATE	ZIP CODE

VEH. I.D.#	G.V.W.	ODOMETER READING	LICENSE NO.	JOB TAKEN BY

PARTS ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED

QTY.	PART NUMBER OR DESCRIPTION	AMOUNT
	TOTAL PARTS	

LABOR DESCRIPTION OF SERVICE AND OR ADJUSTMENT

DESCRIPTION	AMOUNT
I/M SMOG INSPECTION	
I/M SMOG CERTIFICATE #	

NOTICE: BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY.
THE LAW REQUIRES THAT YOU, THE CUSTOMER, BE INFORMED BEFORE THE SMOG INSPECTION IF THE STATION FOR ANY REASON WOULD NOT REPAIR YOUR VEHICLE SHOULD IT FAIL THE TEST.

ESTIMATED COST OF ABOVE REPAIRS

$ _____

DO YOU WANT THE OLD PARTS?
YES ☐ NO ☐

I THE REGISTERED OWNER AUTHORIZE YOU TO PERFORM THE ABOVE REPAIRS AND FURNISH NECESSARY MATERIALS. I UNDERSTAND ANY COST QUOTED HERETOFORE IS AN ESTIMATE ONLY. YOUR EMPLOYEES MAY OPERATE VEHICLE FOR INSPECTION, TESTING, DELIVERY AT MY RISK. YOU WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN IT. I AGREE TO PAY REASONABLE STORAGE ON VEHICLE LEFT MORE THAN 48 HOURS AFTER NOTIFICATION THAT REPAIRS ARE COMPLETED. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO, INCLUDING THOSE FROM ANY PRIOR WORK OR REPAIR CONTRACT ON THIS VEHICLE. 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 ANY REASONABLE ATTORNEY FEES.

RECEIPT OF A COPY OF THIS ORDER IS HEREBY ACKNOWLEDGED

X _____
CUSTOMER'S SIGNATURE

ADDITIONAL REPAIR AUTHORIZATION

ESTIMATED COST OF ADDITIONAL REPAIRS

$ _____

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

X _____
CUSTOMER'S SIGNATURE

TELEPHONE AUTHORIZATION

DATE	TELEPHONE NO. CALLED
TIME	NAME OF PERSON AUTHORIZING

TOTAL LABOR	
SMOG CERTIFICATE	
GASOLINE QTY. PRICE	
TOTAL PARTS	
SALES TAX	
TOTAL AMOUNT	

THANK YOU

Engine ___ Fed. ___ Cal. ___ O/S. ___

			Req'd	P-F		Req'd	P-F
No. of Cylinders _____	Engine _____	PCV			EGR		
Automatic Trans. _____	Em. Light _____	TAC			Spark		
Standard Trans. _____	Timing _____	Air			Computer		
	EGR _____	Evap			Fuel I./Carburetor		
	Fill Restrictor _____	FR			Emission Rel.		
	O2 Sensor _____	CAT OC/3 Way			Retro		

FORM #SCCA-375-4

OFFICE COPY