

SMOG CHECK WORK ORDER



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

[illegible]

NAME		001001	
ADDRESS			
CITY	PHONE	DATE OF ORDER	
CUSTOMER'S ORDER NO.	VIN NO.		
YEAR, MAKE AND MODEL	Retain Parts <input type="checkbox"/> Destroy Parts <input type="checkbox"/>	ODOMETER	
ORDER WRITTEN BY	LICENSE NUMBER	DATE PROMISED	
LABOR INSTRUCTIONS			AMOUNT
GROSS VECH. WEIGHT		I/M SMOG INSPECTION	
Cert. No.		I/M SMOG CERTIFICATE	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE		TOTAL LABOR	
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 WHICH THE SMOG TEST INDICATES ARE NECESSARY. 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. You and 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 hrs. 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 on any sum due I agree to pay costs of collection and reasonable attorney fees. I also understand that the Dealer is not a depository for personal property left in the vehicle and assumes no risk for loss thereof. RECEIPT OF A COPY OF THIS ORDER IS HEREBY ACKNOWLEDGED. SIGNATURE		CERTIFICATE	
		PARTS	
		SUB TOTAL	
		SALES TAX	
		LABOR	
		TOTAL AMOUNT	