

ESTIMATES FOR LABOR ONLY-
MATERIAL ADDITIONAL

REPAIR ORDER

QUAN.	PART NO.	NAME OF PART	SALES AMOUNT	COST



YOUR COMPANY

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

001001

Name _____

Address _____

Phone No. _____ Date _____

Odometer Reading _____ Serial No. _____

MAKE AND MODEL	LICENSE NO. AND STATE	MOTOR NO.
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OPERATION NUMBER	INSTRUCTIONS	AMOUNT
LUBRI-CATE <input type="checkbox"/>	CHANGE OIL <input type="checkbox"/>	
	FLUSH TRANS. <input type="checkbox"/>	
	FLUSH DIFF. <input type="checkbox"/>	
	WASH <input type="checkbox"/>	
	POLISH <input type="checkbox"/>	

TOTAL PARTS				
Gals. Gas @				
Qts. Oil @				
Lbs. Grease @				
Total Gas-Oil-Grease				

ACCESSORIES	AMOUNT	F. S.	Total Labor
			Total Parts
			Environmental Charges
			Gas, Oil, Grease
			Accessories
			Tires, Tubes
			Outside Work

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.

Work Authorized by _____ Date Promised _____

Delivered to _____ Date Delivered _____

TOTAL		
TAX		
TOTAL AMOUNT		

