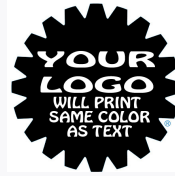



REPAIR ORDER/INVOICE



YOUR COMPANY

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

001001

QTY.	PART NO. & DESCRIPTION <small>All parts new unless otherwise specified.</small>	AMOUNT			
			NAME		DATE
			ADDRESS		
			CITY	STATE	ZIP
			HOME PHONE	BUS. PHONE	EXT.
			YEAR	MAKE	MODEL
			TAG NO.	ODOMETER	
			PAINT CODE	TRIM	BODY TYPE
			V.I.N.		PROD. DATE
			INS. CO.		PHONE NO.
			ADJUSTER	CLAIM NO.	
			DESCRIPTION OF WORK	HRS.	AMOUNT
			<input type="checkbox"/> Repair As Per Estimate		
			<input type="checkbox"/> Supplementary Repairs		
QTY.	PAINT & MATERIALS	AMOUNT			
TOTAL					
WARRANTEE STATEMENT					
<p>"Any warrantee on the products sold hereby are those made by the manufacturer. The seller (above named Dealership) hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products."</p>					
<p>PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT UNDER STATE LAW I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL BILL WILL EXCEED \$50.00.</p> <p><input type="checkbox"/> I REQUEST A WRITTEN ESTIMATE.</p> <p><input type="checkbox"/> I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COST DOES NOT EXCEED \$_____. SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY APPROVAL.</p> <p><input type="checkbox"/> I DO NOT REQUEST A WRITTEN ESTIMATE.</p>			Ins. Co Pays \$ _____ Customer Pays \$ _____ Insurance Check Payable To _____ _____ _____		ESTIMATE CHARGE TOTAL PARTS TOTAL LABOR TOTAL REFINISH TOTAL SUBLET TOWING EPA/WASTE DISPOSAL STORAGE SUB-TOTAL TAX LESS DEPOSIT TOTAL
Replaced parts will be returned if you request them when the repairs are ordered. (You may inspect those parts which must be returned to the manufacturer). Replaced Parts Requested By Customer (Please Check) <input type="checkbox"/> Yes <input type="checkbox"/> No			DEDUCTIBLE PAID BY <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> VISA Other _____ CC No. _____		
I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purpose of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is understood that this company assumes no responsibility for loss or damage by theft or fire to vehicles placed with them for storage, sale, repair or while road testing. AUTHORIZED BY _____ DATE ____/____/____					