



YOUR COMPANY

123 Any Street
Any City, State, Zip Code
XXX-XXX-XXXX
TAG LINE IS OPTIONAL

001001

Name _____

Address _____

Phone No. _____ Date _____

Odometer Reading _____ Vin No. _____

QTY.	PART NO.	NAME OF PART	SALE AMT.	MAKE AND MODEL	LICENSE NO. AND STATE	MOTOR NO.			
				OPERATION NUMBER	INSTRUCTIONS		AMOUNT		
				LUBRI-CATE <input type="checkbox"/>	CHANGE OIL <input type="checkbox"/>	TRANS. <input type="checkbox"/>	DIFF. <input type="checkbox"/>	WASH <input type="checkbox"/>	POLISH <input type="checkbox"/>
				ACCESSORIES		AMOUNT	Total Labor		
							Total Parts		
							Environmental Charges		
TOTAL PARTS							Gas, Oil, Grease		
Gals. Gas	@						Accessories		
Qts. Oil	@						Tires, Tubes		
Lbs. Grease	@						Sublet Repairs		
Total Gas-Oil-Grease				Total Accessories:			Shop/Misc.		
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		

REPAIR ORDER

ESTIMATES FOR LABOR ONLY - MATERIAL ADDITIONAL