



*CODE N-NEW U-USED R-REBUILT M-OEM

QUAN.	*	PART NO. DESCRIPTION	SALES AMOUNT	COST



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

001001

Name		Date		A.M.
				P.M.
Address			Order Written By	
City			Phone	
Year and Make		Model	Motor No.	Retain Parts
Odometer	License	Promised	A.M. P.M.	Destroy Parts

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"/>	

REPAIR ORDER

BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS THAT THE SMOG CHECK TEST INDICATES ARE NECESSARY. A CUSTOMER WILL BE CHARGED FOR INSPECTION REGARDLESS OF PASS OR FAIL.

ESTIMATE AMOUNT	PARTS LABOR
TIME	ADD'L AUTH. AMOUNT
DATE	REVISED ESTIMATE

APPROVED BY: IN PERSON PHONE

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

(SIGNATURE OR INITIALS)

SPECIAL REPAIRS

ACCESSORIES	AMOUNT	F.S.	Total Labor
			Total Parts
			Gas, Oil, Grease
			Hazardous Waste Disposal
			Accessories
			Tires, Tubes
			Special Work
			TOTAL
			TAX
			TOTAL AMOUNT

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. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

Work Authorized by: X Date Promised _____

Delivered to _____ Date Delivered _____

OFFICE COPY

AUTO REPAIR ORDER

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