PARTS CODE (CD): N-NEW U-USED R-REBUILT RC-RECONDITIONED FW-FREF LINDER WARRANTY RW-REDLICED COST LINDER WARRANTY

YOUR LOGO WILL PRINT SAME COLOR AS TEXT

YOUR COMPANY

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

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		FW-FREE UNDER WARRANTY RW-REDUCED COST UNDER WARRANTY XXX-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX											Time Received			
	QUAN.	CD	PART NO. DESCRIPTION	U	NIT	AMOUNT	LIC or BAR # or TAG LINE							A.M P.M		
							Name)							Propo	sed Completion Date
							Addre	ess			Apt. No.				P Bus.	
							City		State			Zip			H O N Res.	
								of Additional Devices							_	
							Who I	Name of Additional Person Who May Authorize Repair Work Phone						\ \ Y		
							Year-N	Make-Model	Engine Type 4 Cyl. 6 Cyl.	8 Cyl.	Rot.	ense Ta	g #		Cust.	Order No.
							Vehic	le I.D. No.		Odo	meter-In	Odon	neter-O	ut	Estima	ator/Writer
							Labor	Labor Charges: Estimate/Diagnostic Fee:								
								at Rate Hourly	Rate	_ \$_		_	lourly a			Per Hour
								oth Apply				Check			Credit Card	
							Unless otherwise provided by law, the seller (above named dealership) hereby expressly disclaims all warranties, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor au to assume for it any liability in connection with the sale of said products.									
												Est. Ti Hrs.		Estimate Amoun		
							Serv Tech									
			SPECIAL REPAIRS											+		
			BROUGHT FORWARD													
			TOTAL PARTS				- C V	_ .VE REPLACED PARTS	☐ YES ☐] N 0	Estimated C Repair Work	ost of				
DI FACE DEAD CAREFULLY CHECK ONE OF THE																
PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:				We guarantee our service work for days Total Labor or miles, whichever comes first. Total Parts												
I UNDERSTAND THAT UNDER STATE LAW, I AM				DAILY STORAGE CHARGES: *¢ /DAY						-						
	I UNDERSTAND THAT UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL				*NO	DAILY STORAGE CHARGES SHALL AC	CRUE OR BE DUE AND PA	AYABLE	Repair Esti	mate (Charg	es				
) BILL WILL EXCEED \$100.				OF W	FOR A PERIOD OF 3 WORKING DAYS FROM THE DAY CUSTOMER IS NOTIFIED OF WORK COMPLETION.										
☐ I REQUEST A WRITTEN ESTIMATE.				the st	(E.g., the State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state [s.403.718], and a \$1.50 fee to be collected for each new or remanufactured battery sold in the state [s.403.7185]). This charge represents costs and profits to the			Batteries								
I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.				moto	r vehicle repair facility for miscellaneous	shop supplies or waste o	isposal.	Shop Supp	lies							
				I WAI	VE REASSEMBLY OF MY VEHICLE	INITIAL:		Hazardous								
				I hereby authorize the repair work herein set forth to be done along with the necessary				Towing								
				article	or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing			Sub Total								
				suppli				Тах								
☐ I DO NOT REQUEST A WRITTEN ESTIMATE.				Gas												
	SIG	NE	D X	DA ⁻	TE		X					ARAQI	INE			
		AUTHORIZED SIGNATURE TOTAL AMOUNT														