



YOUR COMPANY

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

Date

PARTS CODE (CD): N-NEW U-USED R-REBUILT RC-RECONDITIONED
FW-FREE UNDER WARRANTY RW-REDUCED COST UNDER WARRANTY

Table with columns: QUAN., CD, PART NO., DESCRIPTION, UNIT, AMOUNT. Includes rows for SPECIAL REPAIRS, BROUGHT FORWARD, and TOTAL PARTS.

Name, Address, Apt. No., City, State, Zip, License Tag #, Name of Additional Person, Phone, Vehicle I.D. No., Odometer-In, Odometer-Out, Labor Charges, Estimate/Diagnostic Fee.

Unless otherwise provided by law, the seller (above named dealership) hereby expressly disclaims all warranties, either express or implied...

REPAIR ORDER • LABOR INSTRUCTIONS

Table with columns: Serv. Tech., Est. Time Hrs./10's, Estimated Amount, Actual Amount. Includes a row for SPECIAL REPAIRS.

SAVE REPLACED PARTS YES NO, Estimated Cost of Repair Work, Total Labor, Total Parts, Repair Estimate Charges, Tires, Batteries, Shop Supplies, Hazardous Waste, Towing, Sub Total, Tax, Gas, TOTAL AMOUNT.

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 \$100.
[] I REQUEST A WRITTEN ESTIMATE.
[] 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.
[] I DO NOT REQUEST A WRITTEN ESTIMATE.
SIGNED X _____ DATE _____

REPAIR ORDER

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