

Your Company Name

001001

Address

CITY, STATE ZIP CODE

Phone Number

Advertising Line

Date
Time Received
A.M.
P.M.
Proposed Completion 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
Name of Additional Person Who May Authorize Repair Work Phone
Year-Make-Model Engine Type License Tag #
Vehicle I.D. No. Odometer-In Odometer-Out
Labor Charges: Flat Rate Hourly Rate Both Apply
Estimate/Diagnostic Fee: \$ /or Hourly at \$ Per Hour
Cash Check Credit Card Charge

Unless otherwise provided by law, 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.

REPAIR ORDER • LABOR INSTRUCTIONS table with columns: Serv. Tech., Est. Time Hrs. 10's, Estimated Amount, Actual Amount.

SAVE REPLACED PARTS YES NO Estimated Cost of Repair Work

We guarantee our service work for \_\_\_\_\_ days or \_\_\_\_\_ miles, whichever comes first.

DAILY STORAGE CHARGES: \*\$ \_\_\_\_\_ /DAY \*NO DAILY STORAGE CHARGES SHALL ACCRUE OR BE DUE AND PAYABLE FOR A PERIOD OF 3 WORKING DAYS FROM THE DAY CUSTOMER IS NOTIFIED OF WORK COMPLETION.

(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 motor vehicle repair facility for miscellaneous shop supplies or waste disposal.

I WAIVE REASSEMBLY OF MY VEHICLE INITIAL: \_\_\_\_\_

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control 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 and/or inspection.

Summary table with rows: 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 \_\_\_\_\_

X \_\_\_\_\_ AUTHORIZED SIGNATURE

REPAIR ORDER

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