ESTIMATES FOR LABOR ONLY– MATERIAL ADDITIONAL

REPAIR ORDER

QUAN.	PART NO.	NAME OF PART	SALES AMOUNT	COST
	TOTAL PARTS			
	Gals. Gas @			
	Qts. Oil @			
	Lbs. Grease @			
	Total Gas-Oil-Grease			

Your Company Name

Address
CITY, STATE ZIP CODE
Phone Number
Advertising Line

101000

Name ______________________

Address ______________________

Phone No. ______________________ Date ______________

Odometer Reading ______________________ Serial No. ______________

MAKE AND MODEL	LICENSE NO. AND STATE	MOTOR NO.

OPERATION NUMBER	INSTRUCTIONS	AMOUNT
	LUBRICATE ☐ CHANGE OIL ☐ FLUSH TRANS. ☐ FLUSH DIFF. ☐ WASH ☐ POLISH ☐	

ACCESSORIES	AMOUNT	F. S.
Total Accessories		

Total Labor	
Total Parts	
Environmental Charges	
Gas, Oil, Grease	
Accessories	
Tires, Tubes	
Outside 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.

Work Authorized by ______________________ Date Promised ______________

Delivered to ______________________ Date Delivered ______________

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