YOUR COMPANY NAME

Address City, State, Zip Phone

MAKE & YEAR OF CAR

LICENSE NO.

NAME				
NAIVIL				
ADDRESS _				
CITY	 			
		STATE	ZIP	

DATE SERVICED

MILEAGE

SERVIC	ES		CAR SERVICE ORDER									PRODUCT PART PRICE		LAB(LABOR AMOUNT	
LUBRICAT	TION	□ STANDAF	□ STANDARD □ EXTENDED													
MOTOR	OIL	☐ ADD OIL☐ REPLACE								OTS						
FILTER SE	RVICE	□ OIL FILTER		☐ GAS FILTE				CAN. FIL								
TRANSMIS	SION	□ AUTO □ CONV.	☐ Add Fluid ☐ Replace			DIFFER- ENTIAL	☐ Add Fl	uid ce			PT QTS					
TUNE-UP SE	RVICE	☐ MAJOR ☐ MINOR	□ MAJOR					P.C.V	. ::	Clean Replace						
BRAKE SEI	RVICE	☐ ADJUST ☐ FILL RES. ☐ RELINE				☐ PACK F.W. BEARING					RING					
WHEEL SEI	RVICE	☐ ALIGN		SHOCK ABSO	ORB.	TIRES		□ NE	W TIE	RES						
BATTERY SE	ERVICE	□ NEW CAB	LE 🗆	☐ BATTERY-NEW		LIGHTS		☐ AIM ☐ REPLACE								
COOLING SY	YSTEM	☐ FAN BELT	. -	☐ ANTI-FREEZE		AIR COND.		☐ LEAK SPOT ☐ REFRIDG.								
WIPER-WA	SHER	□ BLADES □ FLUID														
OTHER REPAIR	S, PART	S AND INSTRUC	TIONS			PART CODE	N=New	U=Use	d R=	Rebuilt	√					
											Ľ					
	OF	ORIGINAL ESTIMATED COST					REVISED ESTIMATE/ADD-ON WORK					TOTAL P	PARTS	TOTAL L	ABOR	
PARTS L	_ABOR	TOTAL		ESTIMATED	BY	PARTS	LABOR		тот				Ī			
\$ \$		\$ named above is	authorized by	mo to porform	, tho	\$ Reviser	\$	/add-on	\$ appr	nved	-					
The independent dealer named above is authorized by me to perform the needed described services and repairs, including replacement of necessary parts and to operate the vehicle for inspection, testing and/or delivery							ı									
purposes. The estimated cost is acceptable to the undersigned and it is understood that the final invoiced price will not exceed the estimate without					If Phone Approval Show				_	<u> </u>	→					
my approval. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will					TIME DATE NO. CALLED				D							
not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft, or any other cause beyond your control.					CUSTOMER PHONE NO.					SUB-TO	JIAL					
☐ Diagnose problems discussed and advise me of work needed.					MILL DAV DV					ΤΑ\	·					
□ Work may be sub-let where necessary as explained to me. □ I do not want replaced parts.				WILL PAY BY DELIVERY PROMISED CASH CREDIT AM CARD BM				TAX	^							
Return replaced parts, except those returned to supplier for credit.					GASOLINE PM			\dashv	Gallons							
X BY DATE				□ FILL □	Prem.	□Re		☐ Unl	ead							
NEXT SERVICE	DUE S	TATE INSPECT	JOB NO.			REPAIRS (Sign	ature & No.)	CERTI	FIED	BY		TOT.				
1						BY		1				טע	_	1	1	