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			ADDRESS				JOB ORDER NO.		DATE																																																																																																																																																																																	
			CITY		STATE		ZIP		YEAR, MAKE OF CAR		LICENSE NO.																																																																																																																																																																															
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			WILL BE DUE (Date)		YOUR NEXT MAINTENANCE SERVICE		OR MILEAGE (Whichever first)		STATE INSPECTION DUE		V.I.N. #																																																																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">QTY</th> <th style="width: 5%;">*</th> <th style="width: 30%;">* PART NO. - DESCRIPTION <small>PART CODE - New - Used - Rebuilt</small></th> <th style="width: 10%;">PART PRICE</th> <th style="width: 5%;">MECH.</th> <th style="width: 5%;">OPER</th> <th style="width: 40%;">CAR SERVICE ORDER</th> <th style="width: 5%;">LABOR</th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td> <input type="checkbox"/> TUNE-UP <input type="checkbox"/> LUBRICATION <input type="checkbox"/> OIL CHANGE <input type="checkbox"/> OIL FILTER <input type="checkbox"/> AIR FILTER <input type="checkbox"/> DIFFERENTIAL <input type="checkbox"/> ROAD SVC <input type="checkbox"/> PCV VALVE <input type="checkbox"/> FUEL FILTER <input type="checkbox"/> COOLING SYS <input type="checkbox"/> AIR CONDIT <input type="checkbox"/> TRANSMISS <input type="checkbox"/> EXHAUST SYS <input type="checkbox"/> STATE INSP <input type="checkbox"/> NEW BRAKES <input type="checkbox"/> WHEEL CYL <input type="checkbox"/> WHEEL BEAR <input type="checkbox"/> NEW TIRES <input type="checkbox"/> ROTATE TIRES <input type="checkbox"/> ALIGNMENT </td><td></td> </tr> <tr> <td colspan="7" style="text-align: center; font-weight: bold;">NOTICE TO CUSTOMER!</td><td></td> </tr> <tr> <td colspan="7"> Unless otherwise specified, labor time billed for is based on times estimated for each job in industry manual and not on actual time spent. </td><td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-weight: bold;">TOTAL PARTS</td> <td colspan="5"><small>(Transfer to Invoice Side)</small></td><td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-weight: bold;">SUB-LET REPAIRS:</td> <td colspan="5"></td><td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-weight: bold;">TOTAL SUB-LET REPAIRS</td> <td colspan="5"><small>(Transfer to Invoice Side)</small></td><td></td> </tr> <tr> <td colspan="7" style="background-color: #f2f2f2; text-align: center; font-weight: bold;">SERVICE RECOMMENDATIONS</td> <td></td> </tr> <tr> <td colspan="7"></td> <td style="text-align: center; font-weight: bold;">STATE INSPECTION FEE</td> </tr> <tr> <td colspan="7"></td> <td style="text-align: center; font-weight: bold;">ENVIRONMENTAL IMPACT FEE</td> </tr> <tr> <td colspan="7" style="background-color: #f2f2f2; text-align: center; font-weight: bold;">ORIGINAL ESTIMATED COST</td> <td style="text-align: center; font-weight: bold;">FLUIDS</td> </tr> <tr> <td colspan="2">PARTS</td> <td colspan="2">LABOR</td> <td colspan="2">TOTAL</td> <td colspan="1">TIME</td> <td colspan="1">ESTIMATED BY</td> </tr> <tr> <td colspan="2">\$</td> <td colspan="2">\$</td> <td colspan="2">\$</td> <td colspan="1"></td> <td colspan="1"></td> </tr> <tr> <td colspan="7" style="font-size: 8pt;"> 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 purposes. The estimated cost is acceptable to the undersigned and it is understood that the final invoiced price will not exceed the estimate without 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 not be held responsible for loss or damage to cars or articles left in cars in case of a fire, theft or any cause beyond your control. </td> <td colspan="1" style="text-align: center; font-weight: bold;">TOTAL LABOR</td> </tr> <tr> <td colspan="7" style="font-size: 8pt;"> <input type="checkbox"/> Diagnose problems discussed and advise me of work needed <input type="checkbox"/> Work may be sub-let where necessary as explained to me <input type="checkbox"/> I do not want replaced parts <input type="checkbox"/> Return replaced parts, except those returned to supplier for credit </td> <td colspan="1" style="text-align: center; font-weight: bold;">PARTS</td> </tr> <tr> <td colspan="7" style="font-size: 8pt;"> <input checked="" type="checkbox"/> BY _____ DATE _____ </td> <td colspan="1" style="text-align: center; font-weight: bold;">SUB-LET REPAIRS</td> </tr> <tr> <td colspan="7" style="background-color: #f2f2f2; text-align: center; font-weight: bold;">REVISED ESTIMATE/ADD-ON WORK</td> <td colspan="1" style="text-align: center; font-weight: bold;">FLUIDS</td> </tr> <tr> <td colspan="2">PARTS</td> <td colspan="2">LABOR</td> <td colspan="2">TOTAL</td> <td colspan="1">TIME</td> <td colspan="1">ESTIMATED BY</td> </tr> <tr> <td colspan="2">\$</td> <td colspan="2">\$</td> <td colspan="2">\$</td> <td colspan="1"></td> <td colspan="1"></td> </tr> <tr> <td colspan="7" style="font-size: 8pt;"> Revised estimated/add-on work approved <input type="checkbox"/> In person IF PHONE APPROVAL SHOW WHO MADE THE CALL? <input type="checkbox"/> By phone DATE TIME AM PM </td> <td colspan="1" style="text-align: center; font-weight: bold;">FLUIDS</td> </tr> <tr> <td colspan="7" style="font-size: 8pt;"> REPAIRED _____ MECHANIC NO. _____ CERTIFICATION above repairs were properly done _____ BY _____ SIG. _____ </td> <td colspan="1" style="text-align: center; font-weight: bold;">SUB-TOTAL</td> </tr> <tr> <td colspan="7" style="font-size: 8pt;"> GASOLINE <input type="checkbox"/> REGULAR <input type="checkbox"/> NO-LEAD <input type="checkbox"/> PREMIUM <input type="checkbox"/> FILL _____ Gallons-Liters _____ </td> <td colspan="1" style="text-align: center; font-weight: bold;">TAX</td> </tr> <tr> <td colspan="7" style="background-color: #f2f2f2; text-align: center; font-weight: bold;">PAY THIS AMOUNT</td> <td colspan="1" style="text-align: center; font-weight: bold;">\$</td> </tr> </tbody> </table>			QTY	*	* PART NO. - DESCRIPTION <small>PART CODE - New - Used - Rebuilt</small>	PART PRICE	MECH.	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