01112

ARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE
*CODE N-NEW U-USED R-REBUILT

AUTO DIENST

2818 W. Wooley Road -- Phone (805) 984-9907
Oxnard, California 93035
BAR No. AJ 097685 -- EPA No. CAL 000000341

REPAIR ORDER

QTY.	*	PART NO. OR DESCRIPTION	SALE AMOUNT
1	4	Fender	150 00
1		Rocker Panel	85 00
1		Eyebrow	20 00
1		Battery 47/50	77 95
1	4	Bumper	160 00
1		Tail Light Housing	40 00
2		Tail Light Lens	25 00
1	4	LH Front Turn Signal Housing	25 00
		TOTAL PARTS	439 45
		OUTSIDE-SUBLET REPAIRS	
		Shipping	10 00
		Bodywork	450 00
		Paint	1200 00
		Crome Bumper	250 00
		TOTAL SUBLET REPAIRS	
		FOLLOWING REPAIRS RECOMMENDED	

GAS, OIL & GREASE	PRICE			
GALS. GAS @			LBS. GREASE @	
QTS. OIL @			TOTAL GAS, OIL & GREASE	

☐ CASH ☐ CHECK ☐ CHARGE ☐ CREDIT CARD

LABOR CHARGE PER HR. _____

NAME: Don Tanner
DATE: 6-20-95
ADDRESS:
CITY: STATE: ZIP:
PHONE: YES ☐ NO ☐ RES. ☐ BUS. ☐
YEAR: 72 MAKE: Porsche TYPE OR MODEL: 914 20
VEH. I.D. #: 4732914884
MILEAGE: 56844 LIC. #: 659HFB MOTOR #:
TIME REC'D A.M. P.M. TIME PROM. A.M. P.M. GROSS VEH. WT. ORD. WRITTEN BY CUST. ORDER NO.

OPER. NO.	REPAIR ORDER - DESCRIPTION OF WORK
	PAID # 1060

MAINTENANCE INSPECTION	☐
LUBRICATION	☐
CHANGE OIL GRADE	☐
CHANGE OIL FILTER CART.	☐
TRANS.	☐
DIFF.	☐
ROTATE TIRES	☐
ALIGN FRONT END	☐
	☐

ORIGINAL ESTIMATE $ DATE PH# TIME BY
REVISED ESTIMATE $ DATE PH# TIME BY
REVISED ESTIMATE $ DATE PH# TIME BY

I acknowledge notice and oral approval of an increase in the original estimated price.

Tel._____ Best time to call_____

Replaced parts requested by customer YES ☐ NO ☐

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. In the event legal action is necessary to enforce this contract, I understand that I am solely responsible for all costs including attorney's fees and court costs. I have read and understand the above and acknowledge receipt of an estimate. " BY LAW YOU MAY CHOOSE ANOTHER LICENSED SMOG FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY."

X _____

TOTAL LABOR	
TOTAL PARTS	439 45
GAS, OIL, GREASE	
HAZARDOUS WASTE DISPOSAL	
SUBLET REPAIRS	1910 00
SMOG CERTIFICATE	
SUB TOTAL	
TAX	31 86
PAY THIS AMOUNT	2381 31

TERMS ARE CASH UNLESS OTHER PRIOR ARRANGEMENTS ARE MADE
SEE IMPORTANT INFORMATION ON BACK

INTEREST WILL BE CHARGED AT A RATE OF 1½% PER MONTH ON ACCOUNTS OVER 30 DAYS.

THANK YOU