YOUR COMPANY NAME QTY. PART NO. **DESCRIPTION** @ **AMOUNT** Address 001001 CITY, STATE, ZIP CODE Phone Number TAKEN BY Advertising Line NAME TEL. HOME ADDRESS TEL. WORK CITY / STATE / ZIP DATE IN DATE OUT YEAR MAKE/MODEL COLOR LIC. NO. ODOMETER MOTORCYCLE / SMALL ENGINE REPAIR ORDER ENGINE NO. FRAME NO. KEY NO. SERVICES REQUESTED / PROBLEMS ☐ FULL SERVICE ☐ OIL/FILTER CHANGE ☐ CHAIN CARBS ■ VALVES ☐ TIMING ■ WHEEL ONLY ■ ENGINE ONLY (PARTS LISTING MAY BE CONTINUED ON BACK) **TOTAL DESCRIPTION OF WORK PERFORMED** VEHICLE WE RECOMMEND THE FOLLOWING REPAIRS **TOTAL LABOR** TOTAL PARTS **ESTIMATED COSTS** GAS/OIL/GREASE LABOR \$ TOTAL \$ PARTS \$ **SUPPLIES** HOURLY LABOR RATE I hereby authorize the above repair work to be done along with the necessary **ACCESSORIES** materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is **STORAGE** acknowledged on above vehicle to secure the amount of repairs thereto. It is also EPA/WASTE DISPOSAL HR. understood that you will not be held responsible for loss or damage to vehicle or SAVE OLD PARTS articles left in vehicle in case of fire, theft or any other cause beyond your control. CUSTOMER SIGNATURE X **REVISED ESTIMATE** TAX NOTICE LABOR \$ TOTAL \$ A SERVICE FEE OF \$ PER DAY WILL BE CHARGED g PARTS \$ **TOTAL** IF VEHICLE IS NOT PICKED UP WITHIN AUTHORIZED BY DATE NOTIFICATION OF COMPLETION. ☐ IN PERSON ■ BY PHONE