QTY	PART NUMBER	DESCRIPTION	AMT. PARTS

NAME | DATE 200

ADDRESS

MAKE & MODEL | LICENCE | PROMISED

ODOMETER | SERIAL NO.

DESCRIPTION OF WORK	AMOUNT

ALL ESTIMATES ARE FOR LABOUR ONLY. MATERIALS ADDITIONAL. THIS COMPANY DOES NOT ASSUME ANY RESPONSIBILITY WHATEVER FOR UNITS LEFT FOR REPAIRS, STORAGE OR OTHER PURPOSES, OR FOR ARTICLES LEFT IN UNITS DRIVEN BY OUR EMPLOYEES AT OWNER'S RISK.

TOTAL LABOUR	
TOTAL PARTS	
TOTAL CHARGES	
G.S.T.	
P.S.T.	
TOTAL	

PAYMENT WILL BE MADE BY:-

VISA ☐ MASTERCARD ☐ AMEX ☐ OTHER _____ CARD NO. _____ EXP.

CASH ☐ CHEQUE ☐ DEBIT CARD ☐ ACCOUNT ☐ TERMS ☐

AUTO WORK ORDER

IN — I AUTHORIZE THE ABOVE WORK TO BE DONE

SIG: _____

OUT — THE WORK IS COMPLETE TO MY SATISFACTION

DATE _____ 200 SIG: _____

RECYCLABLE

95-04

Proof Proof