

627 S Philadelphia Blvd. Aberdeen, MD 21001 (410) 575-6716 | FAX (410) 575-5976

INVOICE NO.

R E P A I	R E P L A C	DESCR	IPTION	PR	ICE	СО	ST	NAME DATE		
		Vehicle In:						ADDRESS PHONE		
		Vehicle Out:						CITY STATE ZIP MILEAGE		
	1							YEAR MAKE MODEL BODY STYLE UNIT NO.		
								SERIAL NO. COLOR PO NO.		
								JOB NO.		
								REPAIRS AS PER ESTIMATE ATTACHED		
								_		
								_		
								_		
								Thank You!		
								1 Office at 1		
	CII/	OD MOT DESDONSIDI E	FOR ANY PERSONAL I	геме	I DET	INIVE	шс			
	by authori	ze the above repair work to be	t you and/or DEDAID LABOR							
for the	your employees permission to operate the car, truck, or vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien hereby acknowledged on above referenced							of elsewhere		
car, truck, or vehicle to secure the amount of repairs thereto. STORAGE WILL CHARGED FOR FORTY CHICTOMERIC PROJECTS						FRAME LABOR				
EIGHT (48) HOURS AFTER REPAIRS ARE COMPLETE. IN THE EVENT LEGAL 1. DO YOU WANT A WRITTEN ESTIMATE, SINCE IT () YES () NO										
ACTION IS NECESSARY TO ENFORCE THIS CONTRACT AND THE PAYMENT THEREOF, I WILL PAY REASONABLE EXCEEDS \$50 2. CUSTOMER AGREES THAT HE MAY BE CHARGED NOT MORE THAN 10% OF THE AMOUNT OF THE						S () NO SUBLET				
ATTORNEYS FEES AND COURT COSTS WRITTEN ESTIMATE WITHOUT HIS CONSENT 3. CUSTOMER WANTS REPLACED IF NOT () YES () NO PETILIPARE I LINDER WARD ANTY						S () NO MISC. MATERIAL				
DELIV	DELIVERY OF THE VEHICLE. PLEASE 4. CUSTOMER CONSENT FOR ADDITIONAL REPAIRS () YES () NO					TOWING TOWING				
MAKE ARRANGEMENTS TO HAVE CASH, INSURANCE CHECK, CREDIT CARD, OR CASHIER'S CHECK AT THAT TIME.						TAX				
CASH	LLICO CITE	X						TOTAL AMOUNT		