Shop name, address, phone

Shop registration / license # (if your state requires it)

REPAIR ORDER

Vehicle drop-off and authorization

RO # _____
Date / time in _____
Promised _____
Service advisor _____

CUSTOMER

Name		
Phone	Email	
Address		

VEHICLE

Year	Make	Model	Engine
VIN		License plate	Mileage

CUSTOMER CONCERNS

#	Concern (customer's words)	When does it happen?

VEHICLE CONDITION AT DROP-OFF

☐ Check engine light on ☐ Other warning lights ☐ Existing body damage ☐ Valuables removed ☐ Wheel lock key ☐ Spare key left

Damage / notes (mark location)

JOBS

#	Job	Tech	Hrs	Parts $	Labor $	Approved

TECH FINDINGS: CAUSE AND CORRECTION

AUTHORIZATION

☐ Diagnosis approved up to $_____ ☐ Call me before any repair

☐ Approved repairs up to $_____

I authorize the shop to diagnose and, if approved, repair this vehicle and to road test it. The shop is not responsible for items left in the vehicle. A mechanic's lien may apply to unpaid repairs as allowed by state law.

☐ Return replaced parts ☐ Dispose of replaced parts

Parts	
Labor	
Fees	
Tax	
Total	

Customer signature

Date

Best phone for approval