Gateway Horizon Center
4940 88th St.
Kenosha, WI. 53144
Phone - 262-564-3991 Fax - 00_-___-____

REPAIR ORDER #
000049
Org. Est. # 000406

REPAIR ORDER

Print Date : 10/26/2007

Fell, William

Kenosha, WI 53144

Cust ID : 2 Ref # Hat #

Last Service : 10/18/2007 Current Odometer :

1996 Saturn SL1
Lic # : UP4466
Unit # :
Vin # : 1G8ZH5287TZ309216
MFG Date : 09/13/2007
Engine : 1.9L, In-Line4, VIN (8)
Previous Odometer : 106015 Elapsed Mileage :

Labor Requested	Total Parts	Total Labor	Total Extended
Diagnose engine misfire			
Symptom: Engine is misfiring/lacks power			
Diagnose Cause of Light			
Symptom: Check Engine Light or Service Engine Soon Light Comes On			

Parts : $ 0.00 Labor : $ 0.00 Total : $ 0.00

Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911

☐ This vehicle received without face to face customer contact.

Shop Representative

By [illegible] authority hereto I hereby order the above products and services, parts and labor and [illegible] permission to you and/or your employees to operate the vehicle described for the purpose of test drive and/or inspection. I agree to pay cash when the work is completed or in other terms satisfactory to you. Until paid in full, the amount owing on this [illegible] constitute a lien on the motor vehicle. If collection is made by suit or otherwise, [illegible] storage and collection and reasonable attorney's fees.

Customer Sign _____
Date _____

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAYBE LESS THAT THE ESTIAMTE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

1. I request an estimate in writing before you begin repair _____
2. Please proceed with repairs, but call me before continuing if the price will exceed $_____ _____
3. I do not want an estimate _____

Do you want the replaced parts you are entitled to? ☐ Yes ☐ No

_____

Payment will be made by ☐ Cash ☐ Check ☐ Credit ☐ Card Charge

Call when vehicle is ready ☐ Yes ☐ No

1.21.05 Repair1wi

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INVOICE
49
Org. Est. # 000406

INVOICE

Print Date : 10/26/2007

Fell, William

Kenosha, WI 53144

Cust ID : 2 Ref # :

1996 Saturn - SL1
1.9L, In-Line4, VIN (8)
Lic # : UP4466
Unit # :
Vin # : **1G8ZH5287TZ309216**
Hat # :

Odometer In : 106016
Odometer Out :

Part Description / Number	Qty	Sale	Extended	Labor Description	Extended
Shop Supplies		30.00	30.00	Diagnose engine misfire	N/C
				Symptom: Engine is misfiring/lacks power	
				Diagnose Cause of Light	N/C
				Symptom: Check Engine Light or Service Engine Soon Light Comes On	

[Technicians : Please Select, Technician]

Orig. Estimate $0.00 Revisions $0.00 Current Estimate $ 0.00 Additional Cost Revised Estimate

Labor:	0.00
Parts:	30.00
Sublet:	0.00
	- - - - - - -
Sub:	30.00
Tax:	0.00
Total:	30.00
Bal Due:	$30.00

[Payments -]

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose to testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. Warranty on parts and labor is one years or 12,000 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

SIGNATURE ..... Date..... Time.....

01.17.07 Copyright Mitchell 1 Invoic1