

AUTO BODY REPAIR ORDER

DATE _____ 20____

NAME		ADDRESS				CITY	
HOME PHONE	BUS PHONE	YEAR	MAKE	MODEL	BODY STYLE	I.D.	
INS. CO.			ADJUSTER PHONE NO.				
CLAIM NO.		LICENSE NO.	MILEAGE	FAX			

Deductible: _____

Rental Car: _____

Checks Issued: _____

	REPAIR	REPLACE	ESTIMATE OF REPAIR COSTS	PAINT	LABOR HRS.	PARTS	NET SUBLET
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
TOTAL							
				PAINT	HRS @		
				LABOR	HRS @		
				PARTS (Subject to Invoice)			
				PAINT / MATERIALS			
				SUBLET ITEMS			
				TOWING / STORAGE			
				SUB TOTAL			
				SALES TAX			
				TOTAL			