 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects</p> <p>1-888-DASH-2-DOT (1-888-327-4236)</p> <p>INTERNET:www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>Date Received</p> <p>1107 FEB 16-JUL-2010</p>		<p>Repository <input type="checkbox"/></p>		<p>Reference No. 10343646</p>	
<p>OWNER INFORMATION (Type or Print)</p>					
<p>Name</p>		<p>Daytime Telephone Number</p>		<p>E-mail Address</p>	
<p>Address</p>		<p>Evening Telephone Number</p> <p>SAME</p>			
<p>City</p> <p>CHAMBERSBURG</p>	<p>State</p> <p>PA</p>	<p>Zip Code</p>			
<p>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side.</p> <p>2G4WD532251</p>		<p>Make</p> <p>BUICK</p>	<p>Model</p> <p>LACROSSE</p>	<p>Model Year</p> <p>2005</p>	
<p>Date Purchased</p> <p>24 FEB 2005</p>	<p>Dealer's Name and Telephone Number</p> <p>JENNINGS - 1-800-635-1443 98-917-264-8000</p>		<p>Engine:</p> <p>No: Cylinders 6</p>	<p>Fuel Type:</p> <p>Regular 87</p>	
<p>Original Owner</p> <p><input checked="" type="checkbox"/></p>	<p>Dealer's City</p> <p>CHAMBERSBURG</p>	<p>State</p> <p>PA</p>	<p>Zip Code</p> <p>17201</p>		
<p>Transmission Type</p>	<p><input checked="" type="checkbox"/> Antilock Brakes</p> <p><input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain</p>	<p>Multiple Failure:</p>	<p>Incident Date(s)</p> <p>01-SEP-2005</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Code: 010000 STEERING</p>			<p>Failure Mileage</p> <p>13130</p>	<p>Failure Speed</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM9ABC036)</p>		<p><input type="checkbox"/> Original Equipment</p> <p><input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>		
<p>Tire Component Code</p>			<p>Tire Failure Type:</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</p>					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Deaths</p>	<p>Reported to Police</p> <p>N</p>	
<p>Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).</p>					
<p>TL* THE CONTACT OWNS A 2005 BUICK LACROSSE. THE CONTACT STATED THERE WAS AN ABNORMAL SCREECH COMING FROM THE STEERING WHEEL WHEN TURNING IN EITHER DIRECTION. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHERE AN UNKNOWN SERVICE WAS PERFORMED ON THE VEHICLE. THE FAILURE RECURRED AND THE VEHICLE WAS TAKEN BACK TO THE DEALER. THE DEALER WAS UNABLE TO PROVIDE A REMEDY TO CORRECT THE FAILURE. THE VEHICLE WAS NOT FURTHER REPAIRED. THE CONTACT STATED THE FAILURE PERSISTED AND BECAME PROGRESSIVELY WORSE. THE FAILURE MILEAGE WAS UNKNOWN AND THE CURRENT MILEAGE WAS 23,000.</p> <p>Since I contacted you, ¹³¹³⁰ the noise has gotten worse and continues to squeal when I am driving. I now have 24,800 miles on the car. Contacting General Motors will be my next move.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<p>The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.</p>					



JENNINGS



PONTIAC - BUICK - GMC, Inc.

247 GRANT ST. P.O. BOX 835
CHAMBERSBURG, PA 17201
PHONE (717) 264-8000
TOLL FREE (800) 635-1443
www.jenningschambersburg.com



CHAMBERSBURG, PA

SERVICE ADVISOR **LESTER FOX**

REPAIR ORDER WRITTEN	DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST. NO.	TAG NO.	P.O. NO.	INVOICE PRINTED	INVOICE NO.
18SEP08	18SEP08	15042	2G4WD532251	2632941			18SEP08	111368
TIME IN	TIME READY	YEAR	MAKE & MODEL	TELEPHONE NO.		DELIVERY DATE	PREPARED BY	S/A
09:07	11:37	05	BUICK LACROSSE		0.00	24FEB05	83	83
MILEAGE IN	MILEAGE OUT	LICENSE NO.						
16346	16346							

TECH.	TYPE	HOURS	LIST/UNT	NET/UNIT	TOTAL
A CUSTOMER STATES THERE IS A SQUEAK NOISE IN STEERING TURNING LEFT OR RIGHT					
30 PERFORMED DIAG. FOR NOISE IN STEERING COLOUM FOUND BOOT CAUSING NOISE REPOSITIONED BOOT RECHECKED OK.					
	101 CPCB			72.00	72.00
B CUSTOMER STATES CHECK TRANSMISSION SHIFT OPERATION					
11 CHECKED TRANSMISSION SHIFT OPERATION OK					
	101 CPCA			0.00	0.00

**** PRE-INVOICE ****

DESCRIPTION	TOTALS
LABOR AMOUNT	72.00
PARTS AMOUNT	0.00
GAS,OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	72.00
LESS INSURANCE	0.00
SALES TAX	4.32
PLEASE PAY THIS AMOUNT	76.32

Please visit our web site at www.jenningschambersburg.com for current service specials and our complete New and Used vehicle inventory.

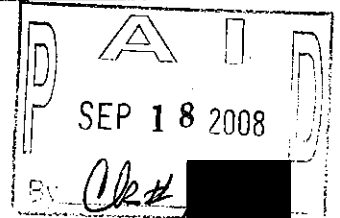
Let our Body Shop handle all your collision repairs. Call (717) 264-8000 for a free estimate.

Service and Body Shop hours: Monday thru Friday - 8:00 am to 5:00 pm

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF.

X



THE FACTORY WARRANTY CONSTITUTES ALL OF THE WARRANTIES WITH RESPECT TO THE SALE OF THIS ITEM/ITEMS. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND THE SELLER NEITHER ASSUMES NOR AUTHORIZES ANY PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS ITEM/ITEMS.

(SIGNED) _____ DEALER, GENERAL MANAGER OR AUTHORIZED PERSON _____ DATE _____

CUSTOMER COPY

JENNINGS PONTIAC BUICK GMC
 247 GRANT STREET
 CHAMBERSBURG, PA 17201
 717-264-8000

Goodwrench

MULTI-POINT VEHICLE INSPECTION



Name: [REDACTED] Year/Model: 05 Lacrosse Date: 10/30/07

Repair Order #: 105902 VIN (last 8 digits): 51 [REDACTED] Odometer: 13,130 MI: MII:

Checked and OK May Require Attention Soon Requires Immediate Attention

INTERIOR			
<input checked="" type="checkbox"/> Subscription activated by		<input checked="" type="checkbox"/> Remaining engine oil life: _____ % Reset: _____ N/A: _____ <input checked="" type="checkbox"/> Air Conditioning Performance	
WIPER BLADES	CHECK TIRES AND TREAD DEPTH	CHECK BATTERY	
 <input checked="" type="checkbox"/> LF <input checked="" type="checkbox"/> RF <input type="checkbox"/> Rear (if applicable) <input type="checkbox"/> Windshield condition Cracks _____ Chips _____	(Check exterior condition) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> 8/32 or Greater <input checked="" type="checkbox"/> 7/32 to 4/32 <input checked="" type="checkbox"/> 3/32 or Less PSI@: <u>36</u> set to: <u>30</u> PSI <input checked="" type="checkbox"/> 8/32 or Greater <input checked="" type="checkbox"/> 7/32 to 4/32 <input checked="" type="checkbox"/> 3/32 or Less PSI@: <u>34</u> set to: <u>30</u> PSI </div> <div style="text-align: center;"> (Check lamps) </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> 8/32 or Greater <input checked="" type="checkbox"/> 7/32 to 4/32 <input checked="" type="checkbox"/> 3/32 or Less PSI@: <u>36</u> set to: <u>30</u> PSI <input checked="" type="checkbox"/> 8/32 or Greater <input checked="" type="checkbox"/> 7/32 to 4/32 <input checked="" type="checkbox"/> 3/32 or Less PSI@: <u>34</u> set to: <u>30</u> PSI </div> </div> Lowest Tread Depth: <u>7</u> /32 <input type="checkbox"/> Rotation needed <input type="checkbox"/> Alignment needed <input type="checkbox"/> Balance needed <input type="checkbox"/> Rotation performed <input type="checkbox"/> Alignment performed <input type="checkbox"/> Balance performed LF <input checked="" type="checkbox"/> LR <input checked="" type="checkbox"/> RF <input checked="" type="checkbox"/> RR <input checked="" type="checkbox"/>	 <input checked="" type="checkbox"/> Battery condition <input checked="" type="checkbox"/> Battery cables and connections	

CHECK FLUID LEVELS	CHECK BRAKES/MEASURE FRONT AND REAR LININGS																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">OK</th> <th style="width: 40%;">FILLED</th> <th style="width: 30%;">REQUIRES ATTENTION</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Engine oil</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Brake fluid reservoir</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Transmission (if equipped w/dipstick)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Coolant recovery reservoir</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Power steering</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Windshield washer</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	OK	FILLED	REQUIRES ATTENTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Engine oil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Brake fluid reservoir	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Transmission (if equipped w/dipstick)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Coolant recovery reservoir	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Power steering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Windshield washer	<input type="checkbox"/>	<div style="text-align: center;"> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">OK</th> <th style="width: 40%;">FILLED</th> <th style="width: 30%;">REQUIRES ATTENTION</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> 7 mm (9/32)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> 6 mm (8/32)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> 3 mm (3/32)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> 4 mm (1/8)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> 1 (3/32) or less</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> LF <input checked="" type="checkbox"/> LR <input checked="" type="checkbox"/> RF <input checked="" type="checkbox"/> RR <input checked="" type="checkbox"/> Lowest Front Lining _____ Lowest Rear Lining <u>10/32</u> <input checked="" type="checkbox"/> Brake system (also including lines, hoses and parking brake)	OK	FILLED	REQUIRES ATTENTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 7 mm (9/32)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 6 mm (8/32)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3 mm (3/32)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 4 mm (1/8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 1 (3/32) or less	<input type="checkbox"/>
OK	FILLED	REQUIRES ATTENTION																																						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Engine oil	<input type="checkbox"/>																																						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Brake fluid reservoir	<input type="checkbox"/>																																						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Transmission (if equipped w/dipstick)	<input type="checkbox"/>																																						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Coolant recovery reservoir	<input type="checkbox"/>																																						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Power steering	<input type="checkbox"/>																																						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Windshield washer	<input type="checkbox"/>																																						
OK	FILLED	REQUIRES ATTENTION																																						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 7 mm (9/32)	<input type="checkbox"/>																																						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 6 mm (8/32)	<input type="checkbox"/>																																						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3 mm (3/32)	<input type="checkbox"/>																																						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 4 mm (1/8)	<input type="checkbox"/>																																						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 1 (3/32) or less	<input type="checkbox"/>																																						

ADDITIONAL CHECKS	COMMENTS
Inspect for visible leaks: <input checked="" type="checkbox"/> Fuel system (also including gas cap seating) <input checked="" type="checkbox"/> Engine, transmission, drive axle, transfer case <input checked="" type="checkbox"/> Engine cooling system <input checked="" type="checkbox"/> Shocks and struts – also check operation	Consultant: <u>Jeff Lewis</u> Technician: <u>Chad Beer</u>
Inspect visual condition: <input checked="" type="checkbox"/> Belts: engine, accessory, serpentine, and/or V-drive <input checked="" type="checkbox"/> Hoses: engine, power steering and HVAC <input checked="" type="checkbox"/> Engine air filter and cabin air filters <input checked="" type="checkbox"/> Steering components and steering linkage <input checked="" type="checkbox"/> CV drive axle boots or driveshafts and U-joints <input checked="" type="checkbox"/> Exhaust system components	
MAINTENANCE VISIT RECOMMENDATION	
Date: _____ Time: _____ Reason for Maintenance: _____	

SIMPLIFIED MAINTENANCE			
MI	<input type="checkbox"/> Required	<input type="checkbox"/> Performed	MII
<input type="checkbox"/> Required	<input type="checkbox"/> Performed	<input type="checkbox"/> Required	<input type="checkbox"/> Performed



JENNINGS



PONTIAC - BUICK - GMC, Inc.

247 GRANT ST. P.O. BOX 835

CHAMBERSBURG, PA 17201

PHONE (717) 264-8000

TOLL FREE (800) 635-1443

www.jenningschambersburg.com



CHAMBERSBURG, PA

SERVICE ADVISOR JEFFREY FAUST

REPAIR ORDER WRITTEN	DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST. NO.	TAG NO.	P.O. NO.	INVOICE PRINTED	INVOICE NO.
30OCT07	30OCT07	15042	2G4WD532251	2632941				30OCT07 105902
TIME IN	TIME READY	YEAR	MAKE & MODEL	TELEPHONE NO.		DELIVERY DATE	PREPARED BY	S/A
09:35	10:21	05	BUICK LACROSSE			24FEB05	116	116
MILEAGE IN	MILEAGE OUT	LICENSE NO.						
13130	13130							

TECH.	TYPE	HOURS	LIST/UNIT	NET/UNIT	TOTAL
A CUSTOMER STATES THERE IS A SQUEAK NOISE FROM FRONT OF VEHICLE					
30	TEST DROVE AND FOUND STEERING INTERMEDIATE SHAFT CAUSING NOISE, ORDERED STEERING INTERMEDIATE SHAFT	151	ISP		(N/C)
B SHUTTLE					
JCTR	JENNINGS PROVIDED TRANSPORTATION	23	ISP		(N/C)
C PERFORM FREE MAINTENANCE INSPECTION					
FMI	PERFORM FREE MAINTENANCE INSPECTION	151	ISP		(N/C)

** PRE-INVOICE **	DESCRIPTION	TOTALS
	LABOR AMOUNT	0.00
	PARTS AMOUNT	0.00
	GAS,OIL, LUBE	0.00
	SUBLET AMOUNT	0.00
	MISC. CHARGES	0.00
	TOTAL CHARGES	0.00
	LESS INSURANCE	0.00
	SALES TAX	0.00
	PLEASE PAY THIS AMOUNT	0.00

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF.

X

Please visit our web site at www.jenningschambersburg.com for current service specials and our complete New and Used vehicle inventory.

Let our Body Shop handle all your collision repairs. Call (717) 264-8000 for a free estimate.

Service and Body Shop hours: Monday thru Friday - 8:00 am to 5:00 pm

THE FACTORY WARRANTY CONSTITUTES ALL OF THE WARRANTIES WITH RESPECT TO THE SALE OF THIS ITEM/ITEMS. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND THE SELLER NEITHER ASSUMES NOR AUTHORIZES ANY PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS ITEM/ITEMS.

(SIGNED) _____ DEALER, GENERAL MANAGER OR AUTHORIZED PERSON DATE _____



JENNINGS



PONTIAC - BUICK - GMC, Inc.

247 GRANT ST. P.O. BOX 835
 CHAMBERSBURG, PA 17201
 PHONE (717) 264-8000
 TOLL FREE (800) 635-1443
 www.jenningschambersburg.com



CHAMBERSBURG, PA

SERVICE ADVISOR **MELINDA CHRISTMAN**

REPAIR ORDER WRITTEN	DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST. NO.	TAG NO.	P.O. NO.	INVOICE PRINTED	INVOICE NO.
04MAY05	04MAY05	15042	2G4WD532251	2632941			04MAY05	88662
TIME IN	TIME READY	YEAR	MAKE & MODEL	TELEPHONE NO.		DELIVERY DATE	PREPARED BY	S/A
13:06	13:50	05	BUICK LACROSSE			24FEB05	68	68
MILEAGE IN	MILEAGE OUT	LICENSE NO.						
1068	1068							

TECH	TYPE	HOURS	LIS/PLANT	NET/UNIT	TOTAL
A CUSTOMER WOULD LIKE RECALL 05038 DONE BRAKE PEDAL PUSHROD					
CAUSE: CAMPAIGN					
V1347 INSTALL RETAINER					
	116	W	0.30		(N/C)
1	11588251	RETAINER			(N/C)
1	10434956	F-BUSHING			(N/C)
1	89047685	F-SENSOR KI			(N/C)
FC: 96					
PART#: 89047685					
COUNT: 3					
CLAIM TYPE:					
AUTH CODE:					
MA					

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS,OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF.

X

Please visit our web site at www.jenningschambersburg.com for current service specials and our complete New and Used vehicle inventory.

Let our Body Shop handle all your collision repairs. Call (717) 264-8000 for a free estimate.

Service and Body Shop hours: Monday thru Friday - 8:00 am to 5:00 pm

THE FACTORY WARRANTY CONSTITUTES ALL OF THE WARRANTIES WITH RESPECT TO THE SALE OF THIS ITEM/ITEMS. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND THE SELLER NEITHER ASSUMES NOR AUTHORIZES ANY PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS ITEM/ITEMS.