



CUSTOMER #: [REDACTED]
 UNIT# [REDACTED]

INVOICE

5335 PASEO DEL NORTE
 CARLSBAD, CALIFORNIA 92008-4339
 (760) 438-1001
 www.PremierChevroletofCarlsbad.com

ESCONDIDO, CA [REDACTED]
 HOME [REDACTED] CONT [REDACTED]
 BUS: [REDACTED] CELL [REDACTED]

PAGE 1

SERVICE ADVISOR: 1041 ANTHONY RAZO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
GREY	17	CHEVROLET VOLT	[REDACTED]	[REDACTED]	62086/62090	T5298	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
12FEB19 DD			17:00 26JUN21		160.00	SADD	25JUN21

R.O. OPENED: 08:36 08JUN21
 READY: 17:17 25JUN21
 OPTIONS: SOLD-STK:C1408A
 ENG:1.5_Liter_DOHC_Hybrid

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A Multi-point inspection
 Z06 Multi-point inspection
 2007 CPC 0.00 0.00
 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00
 62086 MPI COMPLETED

B Customer approved a tire pressure inflation service pursuant to California Regulation #95550
 TP1 Customer approved a tire pressure inflation service pursuant to California Regulation #95550
 2007 CPC 0.00 0.00
 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00
 62086 TIRE PRESSURES OK

C LOF/TIRE ROTATE/ MPVI PROMOTION - DEXOS OIL
 PDEXOS LOF/TIRE ROTATE/ MPVI PROMOTION - DEXOS OIL
 2007 CPC 28.00 28.00
 HAZ HAZARDOUS WASTE DISPOSAL FEE FOR OIL CHANGES
 1 12706595 (S) FILTER 9.16 9.16 9.16
 5 19259487B DEXOS 0W-20 5.44 4.99 24.95
 PARTS: 34.11 LABOR: 28.00 OTHER: 1.91 TOTAL LINE C: 64.02
 62086 0.80 PERFORMED LOF ROTATE RESET OIL LIFE RE LEARN TPMS

D CUSTOMER STATES THAT THE SERVICE ENGINE LIGHT IS ON VEHICLE WILL NOT CHARGE DIAGNOSE AND ADVISE
 CAUSE: .
 J76 CUSTOMER STATES THAT THE SERVICE ENGINE LIGHT IS ON VEHICLE WILL NOT CHARGE DIAGNOSE AND ADVISE
 2007 WAR (N/C)

1 24296900 (S)MODULE (N/C)

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:	* HAZARDOUS WASTE DISPOSAL COSTS:	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)	We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	LABOR AMOUNT	
Revised Estimate	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)		PARTS AMOUNT	
<input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____					ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	GAS, OIL, LUBE	
By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you.						WASTE DISPOSAL COSTS * TOTAL CHARGES LESS INSURANCE SALES TAX	
DATE	CUSTOMER SIGNATURE	AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE				PLEASE PAY THIS AMOUNT	

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

CUSTOMER COPY

CUSTOMER # [REDACTED]
UNIT# [REDACTED]

* INVOICE *



5335 PASEO DEL NORTE
CARLSBAD, CALIFORNIA 92008-4339
(760) 438-1001
www.PremierChevroletofCarlsbad.com

ESCONDIDO, CA [REDACTED]

PAGE 2

HOME: [REDACTED]
BUS: [REDACTED]

SERVICE ADVISOR: 1041 ANTHONY RAZO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
GREY	17	CHEVROLET VOLT	[REDACTED]	[REDACTED]	62086/62090	T5298

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
12FEB19 DD			17:00 26JUN21		160.00	SADD	25JUN21

R.O. OPENED	READY	OPTIONS:
08:36 08JUN21	17:17 25JUN21	SOLD-STK:C1408A ENG:1.5_Liter_DOHC_Hybrid

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
			CORE CHARGE W				(N/C)
			1 12378390 COOLANT				(N/C)
			-1 24296900 CORE RETURN				(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D: 0.00
 62090 5031010 6.30 VERIFY CONCERN SCAN FOR CODES U2603, U2604,
 U2605, U2606, U2617, U2618, U2619, U2620, U2621, U2622 SET . REFER TO
 #18-NA-261 . VERIFIED DATA LINES FROM HPCM2 TO BECM ARE GOOD NOT
 CASUING CODES TO SET . REMOVE DRIVE MOTOR BATTERY AND REPLACED BECM
 WITH NEW . RE INSTALL DRIVE MOTOR BATTERY FILL AND BLEED COOLING SYSTEM
 SMOKE TESTED DRIVE MOTOR BATTERY CASE . PROGRAM BECM WITH SPS PROGRAM
 CODE ([REDACTED]) CHARGE VEHICLE AND ROAD TEST VERIFIED REPAIR -
 WORKING NORMAL

 E CAMPAIGN ###N202307990 Increased Customer Notification
 CAUSE: CAMPAIGN
 9105392 CAMPAIGN/ HYBRID POWERTRAIN CONTROL
 MODULE 2 REPROGRAMMING
 2007 WAR (N/C)
 FC: 9090 PART#: COUNT:
 CLAIM TYPE: ZFAT
 AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE E: 0.00
 62086 9105392 0.40 PERFORMED N202307990 PROGRAM HPCM2 WITH SPS
 PROGRAM CODE [REDACTED]

 F CAMPAIGN ###N192273600 Emissions Pipe May Rub Against A/C Hose
 Connector
 CAUSE: CAMPAIGN
 9104663 N192273600/ EMISSION RECALL/ INSTALL 3
 TIE WRAPS ON EVAPORATIVE HOSE BUMPER
 (INCLUDES PROTECTOR INSTALLATION IF
 REQUIRED) = .8, ADD 12.1 IF REPLACING
 EVAPORATIVE EMISSION PIPE REPLACEMENT

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:	* HAZARDOUS WASTE DISPOSAL COSTS:	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)	We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	LABOR AMOUNT	
Revised Estimate	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)		PARTS AMOUNT	
<input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____					ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	GAS, OIL, LUBE	
By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. DATE _____ CUSTOMER SIGNATURE _____ AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE _____						and disposal of toxic wastes or hazardous substances under California and Federal Law.	SUBLET AMOUNT
						WASTE DISPOSAL COSTS *	
						TOTAL CHARGES	
						LESS INSURANCE	
						SALES TAX	
						PLEASE PAY THIS AMOUNT	

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

CUSTOMER COPY

CUSTOMER #: [REDACTED]
UNIT: [REDACTED]

* INVOICE *



5335 PASEO DEL NORTE
CARLSBAD, CALIFORNIA 92008-4339
(760) 438-1001
www.PremierChevroletofCarlsbad.com

ESCONDIDO, CA

PAGE 3

HOME: [REDACTED]
BUS: [REDACTED]

SERVICE ADVISOR: 1041 ANTHONY RAZO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
GREY	17	CHEVROLET VOLT	[REDACTED]	[REDACTED]	62086/62090	T5298
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PLATE	PAYMENT	INV. DATE
12FEB19 DD			17:00 26JUN21	160.00	SADD	25JUN21

R.O. OPENED: 08:36 08JUN21
READY: 17:17 25JUN21
OPTIONS: SOLD-STK:C1408A
ENG:1.5_Liter_DOHC_Hybrid

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
			2007 WAR				(N/C)
	1	11509086	(S) STRAP				(N/C)
FC: 9090							
PART#: 11509086							
COUNT: 1							
CLAIM TYPE: ZFAT							
AUTH CODE:							

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE F: 0.00
62086 9104663 0.80 PERFORMED #N192273600-01 INSPECTED EMISSIONS
PIPE NO DAMAGE FOUND - INSTALL RUBBER BUMPER WITH TIE WRAPS - WORKING NORMAL

G CUSTOMER STATES THAT THE SHIFT TO PARK DISPLAY IS ON DIAGNOSE AND ADVISE

CAUSE: REGISTERS INCORRECTLY, SENDS WRONG SIGNAL FROM SHIFTER
5480908 REPLACE SHIFTER CONTROL AND HARNESS

			2007 WAR				(N/C)
	1	84733196	HARNESS				(N/C)
	1	84955382	(S) SWITCH				(N/C)
FC: 9094							
PART#: 84955382							
COUNT: 1							
CLAIM TYPE:							
AUTH CODE:							

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE G: 0.00
62086 5480908 1.10 VERIFY CONCERN SCAN FOR CODES B000A SET REFER TO #19-NA-206 INSTALL NEW PARK SWITCH WITH JUMP HARNESS CLEAR DTC VERIFIED REPAIR - WORKING NORMAL

H** CUSTOMER IS IN A RENTAL

CAUSE: .

RENTAL CUSTOMER IS IN A RENTAL

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:	* HAZARDOUS WASTE DISPOSAL COSTS:	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)	We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	LABOR AMOUNT	
Revised Estimate	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)		PARTS AMOUNT	
<input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____					ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	GAS, OIL, LUBE	
By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you.						DATE: _____ CUSTOMER SIGNATURE: _____ AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE: _____	SUBLET AMOUNT
						WASTE DISPOSAL COSTS *	
						TOTAL CHARGES	
						LESS INSURANCE	
						SALES TAX	
						PLEASE PAY THIS AMOUNT	

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

CUSTOMER #: [REDACTED]
UNIT#: [REDACTED]

* INVOICE *



5335 PASEO DEL NORTE
CARLSBAD, CALIFORNIA 92008-4339
(760) 438-1001
www.PremierChevroletofCarlsbad.com

ESCONDIDO, CA

PAGE 4

HOME: [REDACTED]
BUS: [REDACTED]

SERVICE ADVISOR: 1041 ANTHONY RAZO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
GREY	17	CHEVROLET VOLT	[REDACTED]	7TGY167	62086/62090	T5298
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISE	RATE	PAYMENT	INV. DATE
12FEB19 DD			17:00 26JUN21	160.00	SADD	25JUN21

R.O. OPENED: 08:36 08JUN21 READY: 17:17 25JUN21
 OPTIONS: SOLD-STK:C1408A
 ENG:1.5_Liter_DOHC_Hybrid

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
		99	WAR				(N/C)
PARTS:		0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE H: 0.00
62090 CAR RENTAL							

EST: 219.95 25JUN21 17:13 SA: 1041
CONTACT:

EST: 219.95 08JUN21 08:36 SA: 1041
CONTACT:

EST: 59.95 08JUN21 08:36 SA: 1041
CONTACT:

COMPANY NAME SUPERIOR AUTO CARE
 COMPANY PHONE
 POLICY NUMBER TBD
 POLICY TERM 72
 EFFECTIVE DATE 12 FEB 2019
 DEDUCTIBLE 0.00
 MILEAGE LIMIT
 BEGIN MILES 38238
 END MILES 100000
 COMPONENTS

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:	* HAZARDOUS WASTE DISPOSAL COSTS:	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)	We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	LABOR AMOUNT	
Revised Estimate	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)		PARTS AMOUNT	
<input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____					ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	GAS, OIL, LUBE	
By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you.						WASTE DISPOSAL COSTS *	
DATE	CUSTOMER SIGNATURE	AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE			LESS INSURANCE		
					SALES TAX		
					PLEASE PAY THIS AMOUNT		

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

CUSTOMER COPY

CUSTOMER #:
UNIT:

* INVOICE *

PREMIER
CHEVROLET OF CARLSBAD

5335 PASEO DEL NORTE
CARLSBAD, CALIFORNIA 92008-4339
(760) 438-1001
www.PremierChevroletofCarlsbad.com

ESCONDIDO, CA

PAGE 5

HOME
BUS:

SERVICE ADVISOR: 1041 ANTHONY RAZO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
GREY	17	CHEVROLET VOLT			62086/62090	T5298	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	TURN	PAID	PAYMENT	INV. DATE
12FEB19 DD			17:00 26JUN21		160.00	SADD	25JUN21

R.O. OPENED 08:36 08JUN21
READY 17:17 25JUN21
OPTIONS: SOLD-STK:C1408A
ENG:1.5_Liter_DOHC_Hybrid

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
<p>WE ARE COMMITTED TO "FIXING IT RIGHT THE FIRST TIME" AND TO YOUR COMPLETE SATISFACTION WITH YOUR OVERALL SERVICE EXPERIENCE AT THIS DEALERSHIP. WE WOULD APPRECIATE YOUR FILLING OUT AND RETURNING ALL SURVEYS YOU RECEIVE. IF THERE IS A PROBLEM, PLEASE SEE YOUR SERVICE ADVISOR LISTED ABOVE IMMEDIATELY. THANK YOU.</p>							

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:	* HAZARDOUS WASTE DISPOSAL COSTS:	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)	We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	LABOR AMOUNT	28.00
Revised Estimate	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)		PARTS AMOUNT	34.11
<input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____					<input type="checkbox"/> ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	GAS, OIL, LUBE	0.00
By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you.						SUBLET AMOUNT	0.00
DATE	CUSTOMER SIGNATURE	AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE				WASTE DISPOSAL COSTS *	1.91
						TOTAL CHARGES	64.02
						LESS INSURANCE	11.99
						SALES TAX	2.64
						PLEASE PAY THIS AMOUNT	54.67

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

CUSTOMER COPY