

PROSPECT HEIGHTS, IL

WORKORDER



PAGE 1

526 MALL DRIVE SCHAUMBURG, IL 60173
(847) 605-4040

HOME: [REDACTED] CONT: [REDACTED]
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 97 NORRIS, JORDAN

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
WHITE	21	CADILLAC ESCALADE	[REDACTED]		40150/	T6984	
DEL DATE	PRCD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
22MAR21 DD			17:00 02JUL24		0.00	CASH	
R.O. OPENED	READY	OPTIONS: ENG:6.2_Liter					
02JUL2024 16:25							

110

VEHICLE SERVICE HISTORY

CLSD DTE

RO# S/A MILEAGE OP CODE TECH TYPE DESCRIPTION

LINE OP CODE TECH TYPE DESCRIPTIONS/INSTRUCTIONS
A CEL CC OWNER REPORTS CHECK ENGINE LIGHT IS ON

B 000 CC OWNER RPEORTS ENGINE KNOCKING NOISE ALL TIMES

C MPI 101 CC PERFORM MULTI-POINT INSPECTION

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PROVIDED BY THE DEALERSHIP. THE DEALERSHIP HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF ANY PARTS OR ACCESSORIES OR ANY REPAIRS PERFORMED TO THE VEHICLE. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR THE ORIGINAL PARTS DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECEIVE FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

SHOP SUPPLY COSTS: We have assessed a charge equal to 15% (154.50) from the labor rate into an O/R repair order to a Shop Supply Account. These monies are used to pay for the incidental and miscellaneous items used in the repair of your vehicle.

STORAGE CHARGES: I understand that a storage charge equal to \$100 will be assessed and shall accrue daily if I fail to pick up the vehicle within 5 working days from the date I am notified that the work on the vehicle has been completed.

PAYMENT TERMS: I agree to pay for the repairs I authorize, along with the necessary materials, in cash or approved credit card upon completion of the Repairs unless the Dealership agrees to other payment arrangements in advance. An express mechanics lien is hereby acknowledged on the vehicle for authorized service to secure the cost of labor, materials, and other authorized charges. If I authorize commencement of repairs or disassembly of the vehicle or a vehicle component to provide an estimated cost of repairs, but elect not to proceed with the repair, I understand that a charge will be imposed for disassembly, reassembly or partially completed work and I agree to pay for the same. Such charges will be directly related to the actual amount of labor or parts involved in the inspection, repair or service.

By Signing Below: I agree that: (1) I have read this Repair Order and I authorize the completion of the services/repairs listed above in accordance with the terms and conditions herein; (2) the Dealership is not responsible for any delays caused by the unavailability of parts or shipping by the parts manufacturer, supplier, or transporter or for any loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, hail, wind or any other cause beyond its control; (3) the Dealership may operate the vehicle on streets, highways or public roadways for the purpose of testing and/or inspecting the vehicle; and (4) I authorize the retrieval of on-board data as needed to facilitate vehicle repairs and the sharing of that data with the vehicle manufacturer for diagnostic or research purposes.

Customer X _____ Date _____

ESTIMATE: You are entitled to a price estimate for the repairs you have authorized. The repair price may be less than the estimate but shall not exceed (1) any price limited estimate or (2) any parts and labor estimate by more than 10%. Additional repairs may not be performed without your consent. You may waive your right to a written estimate and require that you be notified if the price exceeds an amount you have specified. You may waive your right to an estimate, which gives the motor vehicle repair facility the right to set the price without your permission. Your signature will indicate your selection.

(a) I request an estimate in writing before you begin repairs. Signature _____

(b) Please proceed with repairs but call me for approval before continuing if the price exceeds \$ _____. Signature _____ Date _____ Time _____

(c) I do not want an estimate and you may set the price of repairs. Signature _____

PRELIMINARY ESTIMATE \$ _____

This estimated price for authorized repairs will be honored if the motor vehicle is delivered to the facility within the time period agreed to by the consumer and the motor vehicle repair facility. Estimates will include charges to complete the repair, including any charges to perform diagnostics, prepare estimates, and disassemble/reassemble the vehicle or a vehicle component.

LABOR AND PARTS COSTS: A combination of industry standard flat rate (time) manuals, actual time, or condition of the vehicle may be used to determine labor costs.

PARTS: All parts installed are new unless otherwise indicated. Remanufactured and refurbished parts that meet manufacturer approved source part requirements may be installed at our discretion. Additional information is available upon request. Upon request, replaced parts will be made available for inspection or returned to you, unless subject to a manufacturer's warranty, core charge, or otherwise specified.

Discard Replaced Parts	(INITIAL)	Save Replaced Parts	(INITIAL)
Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By/Telephone No.:	Date & Time
\$	\$		
Revised Estimate	\$		
\$	\$		



WORKORDER

PAGE 2

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SERVICE ADVISOR: 97 NORRIS, JORDAN

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
WHITE	21	CADILLAC ESCALADE	[REDACTED]		40150/	T6984
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	RATE	PAYMENT	INV. DATE
22MAR21 DD			17:00 02JUL24	0.00	CASH	

R.O. OPENED: READY OPTIONS: ENG:6.2_Liter

02JUL2024 16:25

LINE OF CODE	TECH...	TYPE	DESCRIPTIONS/INSTRUCTIONS
# D CTR		CC	COURTESY TRANSPORTATION THROUGH PATRICK RENTALS

# E CDKO	CC	THIS REPAIR ORDER WAS IMPACTED BY THE CDK GLOBAL OUTAGE BEGINNING ON 6.19.24
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SHOP SUPPLY COSTS: We have allocated a charge equal to 15% (154.33) owed from the 2020 8317 9212 on the repair order or a Shop Supply Account. These monies are used to pay for the incidental and miscellaneous items used in the repair of your vehicle.

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Discard Replaced Parts	(INITIAL)	Save Replaced Parts	(INITIAL)
Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By/Telephone No.:	Date & Time
\$ _____	\$ _____		
Revised Estimate	\$ _____		

Thursday, June 20, 2024 12:08 PM PT

RO# [REDACTED]



CUSTOMER INFORMATION

[REDACTED]
[REDACTED]

CAR INFORMATION

Cadillac
2021 Escalade
[REDACTED]
Mileage: N/A

SERVICE ADVISOR INFO

Jordan Norris
(815) 991-4404
TECHNICIAN
Not Assigned

ORIGINAL CUSTOMER REQUESTS

OTHER



CHECK ENGINE LIGHT

Total Approved: \$0.00

Original Approved: \$0.00



ENGINE KNOCKING NOISE

Total Approved: \$0.00

Original Approved: \$0.00

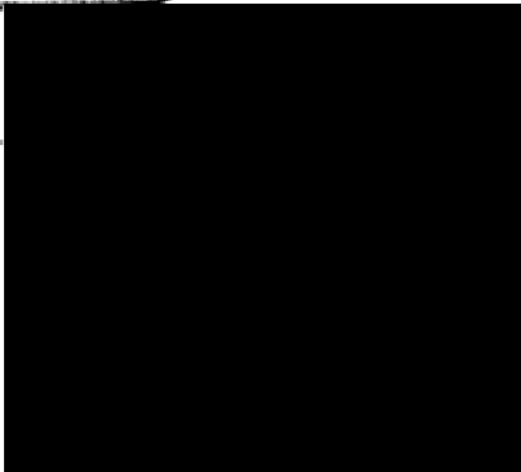


MPI

Total Approved: \$0.00

Original Approved: \$0.00

OTHER COMMENTS



\$0.00

Approved

Declined

Undecided

\$0.00

-

-

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00



Date: 6/30/24 Check in Time: 1246

TAG #: [Redacted]

ADVISOR: Jordan Norberts

RESIDENCE Phone#

Cell Phone# [Redacted]

Business Phone#

Name: [Redacted]

Address: [Redacted]

City: Prospect Park State: FL ZIP: [Redacted]

Email Address: _____

VIN# [Redacted] Mileage _____

License# _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

Diagnostic Update Callback Time: _____

P
R
I
M
A
R
Y

C
O
N
C
E
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N
S

- 1 Error lights on Dash
 - Check Engine light
 - traction
- 2 Engine knocking noise
- 3

Diagnostic Authorization

I agree to pay the minimum charge(s) of \$ _____

to have a technician perform a diagnostic evaluation of my vehicle's

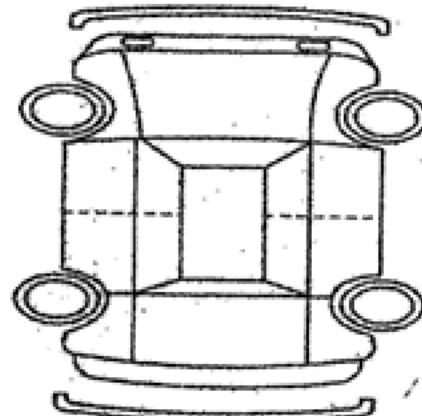
concern and/or problem. Permission is granted to examine the vehicle

on any street or _____

Signature: [Redacted]

Date: X 6/30/24

Vehicle Exterior Safety Inspection report



The Patrick Dealer Group Full Service Promise

We will walk around your vehicle, turn on your vehicle lights, lift the hood and visually inspect fluids, your belts, hoses, tires, battery and check for any safety concerns.