

CUSTOMER #: [REDACTED]



INVOICE

140 West Ave.

T [REDACTED] 0111278

PAGE [REDACTED]

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

SERVICE ADVISOR: [REDACTED]

COLOR	YEAR	MAKE/MODEL			MILEAGE IN / OUT	TAG
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT
	DD					CASH
R.O. OPENED	READY	OPTIONS:				

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A VEHICLE LOST POWER WHILE DRIVING - CK AND ADVISE "(SES ON DASH)"							
CAUSE: scan codes, as multiple low voltage codes, charge battery, inspected and found starter inop, need to replace starter and re-evaluate, replaced starter and attempted to start vehicle. put wrench on crank found engine was locked up. was able to free up engine with wrench. got vehicle started and found engine is knocking lower end rod knock. failure of engine crankshaft causing engine to lock up and knocking. took oil sample and found metal crank shaft bearing debris- debris sent through out motor to catastrophic failure, check oil level, ok, check oil pressure, ok, need to replace engine,							

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
REPLACEMENT							
1			STUD				
1			(S)				
1			(S)				
1			STUD				
1			(S)				
1			(S) TUBE				
8							
2							
1							
1							
2							
8							
2							
8							
1			(S)				
1			(S)				
1			(S)				
1			BOLT				
1			(S)				

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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. The vehicle is being returned to you in exchange for your payment of the Amount Due.

*** SHOP SUPPLY COSTS:**
We have added a charge equal to [REDACTED] of the total labor and parts cost, not to exceed [REDACTED] to the Repair Order for shop supplies used in connection with this repair a minimum charge of [REDACTED]

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

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

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

CUSTOMER #: [REDACTED]



INVOICE

140 West Ave.
Tallmadge, OH 44278

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

SERVICE ADVISOR: [REDACTED]

COLOR	[REDACTED]	MODEL	[REDACTED]	MILEAGE IN / OUT	TAG	
DEL. DATE	PROD. DATE	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
[REDACTED] DD	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	CASH	[REDACTED]

R.O. OPENED	READY	OPTIONS:
[REDACTED]	[REDACTED]	[REDACTED]

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
1			(S)	[REDACTED]			(N/C)
1			(S)	[REDACTED]			(N/C)
-1			0000CT CORE RETURN				(N/C)
FC: PART#: [REDACTED] COUNT: 1							
CLAIM TYPE: ZREG							
AUTH CODE:							

PARTS: [REDACTED] LABOR: [REDACTED] OTHER: [REDACTED] TOTAL LINE A: [REDACTED]

replaced engine and transferred necessary parts, had to replaced
exhaust manifold stud on right side for stripping, test drove, ok. OLD

NEW [REDACTED]
AC [REDACTED]
AC [REDACTED]

B** starter inop
13 needs starter
[REDACTED] ISP (N/C)

PARTS: [REDACTED] LABOR: [REDACTED] OTHER: [REDACTED] TOTAL LINE B: [REDACTED]
replaced starter,

C** engine noisy
13 needs new engine assembly
[REDACTED] ISP (N/C)

PARTS: [REDACTED] LABOR: [REDACTED] OTHER: [REDACTED] TOTAL LINE C: [REDACTED]
replaced engine

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				PARTS AMOUNT	
				GAS, OIL, LUBE	
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				MISC. CHARGES *	
				TOTAL CHARGES	
				LESS INSURANCE	
				SALES TAX	
				PLEASE PAY THIS AMOUNT	

CUSTOMER #: [REDACTED]



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SERVICE ADVISOR: [REDACTED]

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DEL. DATE	PROD. DATE		PROMISED	PO NO.	RATE	PAYMENT	INV. DATE	
01JAN25 DD						CASH		

R.O. OPENED	READY	OPTIONS:
[REDACTED]	[REDACTED]	[REDACTED]

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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ESTIMATE: [REDACTED] SA: [REDACTED]
CONTACT: [REDACTED]

ENTER FOR A CHANCE TO WIN A [REDACTED]
VISIT OUR [REDACTED] PAGE [REDACTED] TALLMADGE
LIKE & SHARE, LEAVE A REVIEW
WE WILL MATCH [REDACTED] AND DONATE TO
LOCAL CHARITY OF YOUR CHOICE
DRAWINGS HELD MONTHLY

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PARTS	[REDACTED]
GAS, OIL, LUBE	[REDACTED]
SUBLET	[REDACTED]
MISC. CHARGES *	[REDACTED]
TOTAL CHARGES	[REDACTED]
LESS INSURANCE	[REDACTED]
SALES TAX	[REDACTED]
PLEASE PAY THIS	[REDACTED]

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE