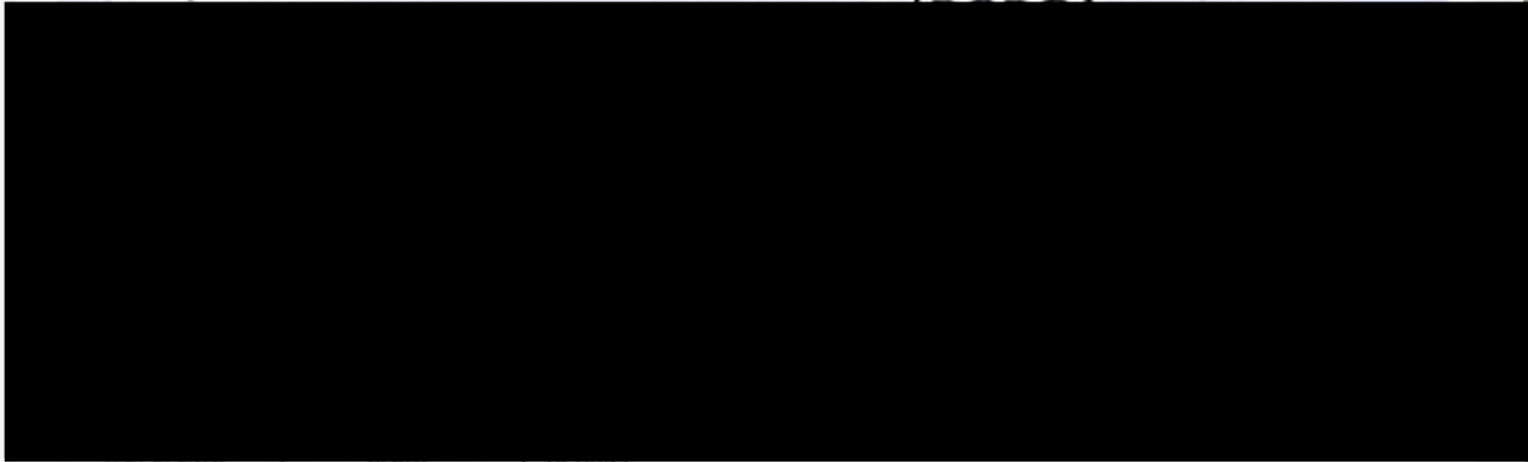
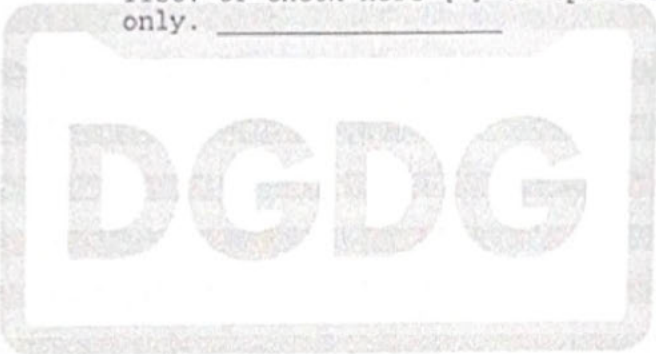




LINE	OP CODE	TECH...	TYPE	DESCRIPTIONS/INSTRUCTIONS
14NOV2025 14:02				
				You agree that we may contact you regarding customer service updates or offers via texts. Your consent is not a condition to purchase goods or services. You may opt out at any time by calling the service director or whoever is in charge of the do not call list. Or check here [] to opt out of marketing only.
				

BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY. TEARDOWN/REASSEMBLY: If you authorize teardown of the vehicle or commencement of repairs, but do not authorize completion of a repair or service, a charge may be imposed for teardown, reassembly or partially completed work and you agree to pay the same. It is necessary to disassemble the vehicle to provide an estimated price for repairs. The estimated teardown and reassembly charge (including parts and labor) is \$ _____. The maximum time for reassembly will be _____ X _____. You understand that disassembly may prevent restoration of the vehicle to its former condition. X _____ CRISLET REPAIRS: Some repairs must be sublet due to the type of service required. The	PARTS: All parts 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. You may inspect all parts removed from the vehicle upon request. If our Dealership does not have to return the parts to the manufacturer or distributor under a warranty arrangement and they are not exempt due to their size, weight or other factors, they will be returned to you upon request. ☐ Some Parts Not Returnable ☐ Please Save Replaced Parts ESTIMATE: PLEASE CHOOSE THE KIND OF ESTIMATE YOU WANT TO RECEIVE BY INITIALING BESIDE ONE OF THE FOLLOWING CHOICES AND INDICATE THE BEST WAY TO CONTACT YOU IF NECESSARY. WRITTEN ESTIMATE _____ ORAL ESTIMATE _____ ELECTRONIC EST. _____ Rx Telephone at: _____ Rx Fax to: _____
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