## OFF SITE TAKATA REPAIR DOCUMENT



Your Company Name

Your Company Slogan Here

Date:	
Invoice #:	
MILEAGE:	
Vehicle VIN:	 

CUSTOMER NAME:		
Street Address:		
City, ST ZIP Code:		
Phone:	()	
E-Mail Address:		

Technician	Takata Recall ID	EXPENSE CODE	Date

Qty	Description	PART NUMBER	Line Total
	I		

CUSTOMER SIGNATURE:

By sigining this document I am giving my permission to have this repair performed at a location other than at the dealer's address and understand that there is no charge to me for the recall repairs being performed today.

Thank you for your business!