

# AUTO BODY REPAIR ORDER

DATE \_\_\_\_\_ 20\_\_\_\_\_

NAME		ADDRESS				CITY	
HOME PHONE	BUS PHONE	YEAR	MAKE	MODEL	BODY STYLE	I.D.	
INS. CO.			ADJUSTER PHONE NO.				
CLAIM NO.			LICENSE NO.	MILEAGE	FAX		

**Deductible:** \_\_\_\_\_

**Rental Car:** \_\_\_\_\_

**Checks Issued:** \_\_\_\_\_

	REPAIR	REPLACE	ESTIMATE OF REPAIR COSTS	PAINT		LABOR HRS.		PARTS		NET SUBLET	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
<b>TOTAL</b>											

PAINT	HRS @		
LABOR	HRS @		
PARTS (Subject to Invoice)			
PAINT / MATERIALS			
SUBLET ITEMS			
TOWING / STORAGE			
SUB TOTAL			
SALES TAX			
<b>TOTAL</b>			