



ASTORIA BLVD GAS INC.

3102 Astoria Blvd.
ASTORIA, NY 11102
718-956-4980

REPAIR ORDER

NAME	DATE IN 6-9-12	DATE PROMISED	A.M. P.M.
ADDRESS	ORDER WRITTEN BY	MECHANIC/TECHNICIAN	
CITY, STATE, ZIP	YEAR, MAKE AND MODEL 09 FLEX		
BUS. PHONE	EXT.	SERIAL NO./V.I.N.	
HOME PHONE	LICENSE NO. XXXXXX XXXXXXXXXXXX	MILEAGE	70428

DESCRIPTION OF WORK

AMOUNT

☐ CHANGE OIL ☐ OIL FILTER ☐ TUNE-UP ☐ LUBE

REPLACED FRONT BRAKE 100.00

REPLACED FRONT ROTORS 270.00

N.Y.S.I. 37.00

QTY.	PART NO. AND DESCRIPTION	AMOUNT
	443.12	407

PAID BY ☐ CASH ☐ CHECK ☐ MC ☐ VISA

I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate the vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is understood that you will not be held responsible for loss or damage to the vehicle or articles left in vehicle in case of fire, theft or any other causes beyond your control.

SIGNATURE

X _____

TOTAL PARTS

TOTAL LABOR

EPA / WASTE
DISPOSAL

SUB-TOTAL

TAX

TOTAL

3093