

SALE OF AUTOMOBILE

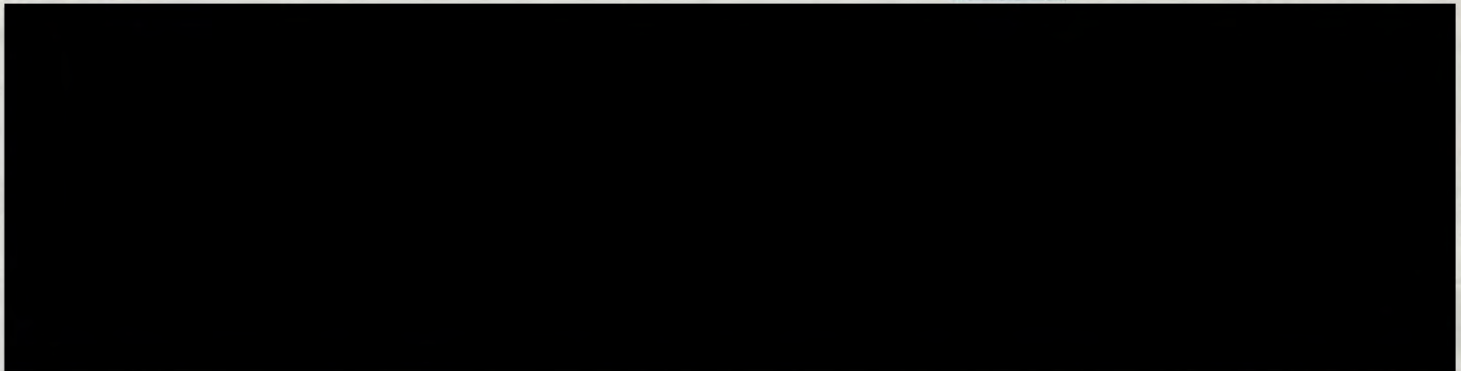
DATE: FEB 3, 1988

RECEIVED THE SUM OF FIVE THOUSAND TWO HUNDRED DOLLARS IN FULL FOR  
ONE 1967 CHEVROLET CORVETTE, VEHICLE IDENTIFICATION NUMBER 194377S121723  
THIS VEHICLE IS SOLD IN "AS IS" CONDITION WITH SELLER WARRANTING THAT THE  
VEHICLE IS FREE FROM ALL LEINS, ENCUMBRANCES OR VEHICLE VIOLATIONS.

BUYER AGREES TO REGISTER VEHICLE WITHIN STATE- MANDATED TIME PERIOD AND BE  
RESPONSIBLE FOR ALL TAXES AND OTHER COSTS OF TRANSFER DIRECTLY OR REMOTELY  
RELATED.

SELLER:

BUYER:







# Roseville Chevron Service Center

Sunrise Avenue — Phone (916) 786-2426

ROSEVILLE, CA 95661

"Open 24 Hours Daily"

"Diesel Fuel"

EMISSIONS SERVICE ORDER

2350848

B.A.R. No. AB 100532

|                   |                                                         |
|-------------------|---------------------------------------------------------|
| METHOD OF PAYMENT | DATE                                                    |
| 327               | 2/10/88                                                 |
| YEAR MAKE & MODEL | TIME WANTED                                             |
| 67 Corvette       | AM <input type="checkbox"/> PM <input type="checkbox"/> |
| STATE             | ZIP CODE                                                |
| ODOMETER READING  | LIC. PLATE NO.                                          |
| 70084             | 2D2A472                                                 |
|                   | JOB TAKEN BY                                            |
|                   | Jim                                                     |

## LABOR

DESCRIPTION OF SERVICE AND OR ADJUSTMENT

| DESCRIPTION               | AMOUNT |
|---------------------------|--------|
| I/M SMOG INSPECTION       | 20.00  |
| I/M SMOG CERTIFICATE #    |        |
| California Vehicle System |        |
| No Air Injection          |        |
| No Cert. Issued           |        |
| Emissions OK              |        |
| S-28                      |        |

OTHER SERVICE AND/OR ADJUSTMENT DONE ELSEWHERE

TOTAL LABOR 20.00

STANDARD  
ESTIMATED COST  
OF ABOVE REPAIRS

\$ 25.00

DO YOU WANT THE  
OLD PARTS?  
YES ☐ NO ☐

ADDITIONAL REPAIR  
AUTHORIZATION

ESO-85 (REV. 11-84)

IF I AUTHORIZE YOU TO PERFORM THE ABOVE REPAIRS AND FURNISH  
UNDERSTAND ANY COST QUOTED HERETOFORE IS AN ESTIMATE ONLY. YOUR  
EMPLOYEES MAY OPERATE VEHICLE FOR INSPECTION, TESTING, DELIVERY AT MY RISK. YOU WILL NOT  
BE RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN IT. I AGREE TO PAY  
REASONABLE STORAGE ON VEHICLE LEFT MORE THAN 48 HOURS AFTER NOTIFICATION THAT REPAIRS  
ARE COMPLETED. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE THE  
AMOUNT OF REPAIRS THERE TO, INCLUDING THOSE FROM ANY PRIOR WORK OR REPAIR CONTRACT ON  
THIS VEHICLE. IN THE EVENT AN ATTORNEY IS OBTAINED TO FORECLOSE THIS LIEN OR TO BRING SUIT  
FOR COLLECTION OF ANY SUMS DUE, I AGREE TO PAY COSTS OF COLLECTION AND ANY REASONABLE  
ATTORNEY FEES.

RECEIPT OF A COPY OF THIS ORDER  
IS HEREBY ACKNOWLEDGED

CUSTOMER'S SIGNATURE

TELEPHONE AUTHORIZATION

DATE TELEPHONE NO. CALLED

TIME NAME OF PERSON AUTHORIZING

SMOG  
CERTIFICATE

GASOLINE  
QTY. PRICE

TOTAL  
PARTS

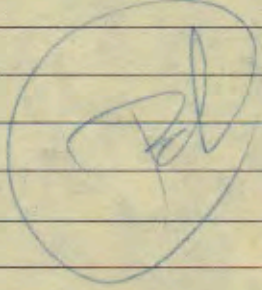
SALES  
TAX

TOTAL  
AMOUNT 20.00

THANK YOU

CUSTOMER'S INVOICE



|             |                                     |                                                                                                                                                                                            |             |               |               |          |       |        |        |  |  |
|-------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|---------------|----------|-------|--------|--------|--|--|
| ADDRESS     |                                     | SHIP TO                                                                                                                                                                                    |             |               |               |          |       |        |        |  |  |
| CITY        |                                     | CUST. ORDER NO.                                                                                                                                                                            |             |               |               |          | VIA   |        |        |  |  |
| SALESMAN    | CASH SALE                           | CHARGE SALE                                                                                                                                                                                | MOSE. RETD. | REC'D ON ACCT | MISCELLANEOUS | PAID OUT | TERMS |        |        |  |  |
|             | <input checked="" type="checkbox"/> |                                                                                                                                                                                            |             |               |               |          |       |        |        |  |  |
| QTY.        | NUMBER                              | DESCRIPTION                                                                                                                                                                                |             |               |               |          |       | PRICE  | AMOUNT |  |  |
| 2           |                                     | Rear Stainless Steel Polysers                                                                                                                                                              |             |               |               |          |       | 119.95 | 239.90 |  |  |
|             |                                     |                                                                                                           |             |               |               |          |       |        |        |  |  |
|             |                                     |                                                                                                                                                                                            |             |               |               |          |       |        |        |  |  |
|             |                                     |                                                                                                                                                                                            |             |               |               |          |       |        |        |  |  |
|             |                                     |                                                                                                                                                                                            |             |               |               |          |       |        |        |  |  |
|             |                                     |                                                                                                                                                                                            |             |               |               |          |       |        |        |  |  |
|             |                                     |                                                                                                                                                                                            |             |               |               |          |       | TAX    | 14.39  |  |  |
| RECEIVED BY |                                     | Returned goods must be in original condition and package, and returned with this invoice within 10 days. A restocking charge of 10% applies.<br>NO EXCHANGE OR REFUND ON ELECTRICAL PARTS. |             |               |               |          |       | TOTAL  | 254.29 |  |  |

5114  
MBF



\* CODE N-NEW U-USED R-REBUILT

1520 X Street — Phone (916) 442-2406  
Sacramento, California 95818  
BAR No. AA 099560

REPAIR  
ORDER

LABOR CHARGE PER HR.

|             |                              |                                    |      |                        |                         |
|-------------|------------------------------|------------------------------------|------|------------------------|-------------------------|
| NAME        |                              | DATE                               |      | MAINTENANCE INSPECTION |                         |
| ADDRESS     |                              | 3/29/99                            |      | LUBRICATION            |                         |
| CITY        |                              |                                    |      | CHANGE OIL GRADE       |                         |
| PHONE       | YES <input type="checkbox"/> | NO <input type="checkbox"/>        | YEAR | MAKE                   | CHANGE OIL FILTER CART. |
| VEH. I.D. # |                              | 67                                 |      | CHEV                   | CORVETTE                |
| MILEAGE     |                              | LICENSE NO.                        |      | TRANS.                 |                         |
| 70878       |                              | 2DZA472                            |      | DIFF.                  |                         |
| TIME REC'D  |                              | GROSS VEH. WT.                     |      | ROTATE TIRES           |                         |
| A.M.        |                              | ORD. WRITTEN BY                    |      | ALIGN FRONT END        |                         |
| P.M.        |                              | CUST. ORDER NO.                    |      |                        |                         |
| OPER. NO.   |                              | REPAIR ORDER - DESCRIPTION OF WORK |      |                        |                         |

TERMS ARE CASH UNLESS OTHER PRIOR ARRANGEMENTS ARE MADE

WASH

TOTAL PARTS

### OUTSIDE-SUBLET REPAIRS

PLEASE INITIAL  
HERE

TOTAL SUBLET REPAIRS

**FOLLOWING REPAIRS RECOMMENDED**

|                         |      |      |    |
|-------------------------|------|------|----|
| ORIGINAL<br>ESTIMATE \$ | DATE | TIME | BY |
| REVISED<br>ESTIMATE \$  | DATE | TIME | BY |
| REVISED<br>ESTIMATE \$  | DATE | TIME | BY |

I acknowledge notice and oral approval of an increase in the original estimated price

X

Tel. \_\_\_\_\_ Best time to call \_\_\_\_\_

Replaced parts requested by customer

YES ☐ NO ☐

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. I have read and understand the above and acknowledge receipt of an estimate, and a copy of the Song-Beverly Warranty Act. **BY LAW, YOU MAY CHOOSE ANOTHER FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY.**

X

|                             |     |    |
|-----------------------------|-----|----|
| TOTAL LABOR                 | 264 | 00 |
| TOTAL PARTS                 | 262 | 00 |
| GAS, OIL, GREASE            |     |    |
| HAZARDOUS<br>WASTE DISPOSAL |     |    |
| SUBLET REPAIRS              |     |    |
| SMOG<br>CERTIFICATE         |     |    |
| SHOP<br>SUPPLIES            |     |    |
|                             |     |    |
|                             |     |    |
| TAX                         | 15  | 72 |
| <b>PAY THIS<br/>AMOUNT</b>  | 541 | 72 |

THANK YOU

INTEREST WILL BE CHARGED AT A RATE OF 1 1/2% PER MONTH ON ACCOUNTS OVER 30 DAYS

**WARRANTY:** From date of delivery for a period of 4,000 miles or 90 days, whichever comes first. This firm will repair free of charge any defects in material and workmanship to the vehicle mentioned here. All work to be done in our shop only. This does not include towing charges.

\$\_\_\_\_\_ per day storage fee will be charged 24 hours after notification of work completed.

☐ CASH      ☐ CHECK      ☐ CHARGE☐ CREDIT CARD



\* CODE N-NEW U-USED R-REBUILT

BAR No. AA 099560

## REPAIR ORDER

LABOR CHARGE PER HR.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|--|
| Tel. _____ Best time to call _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | SUBLET REPAIRS   |  |
| <b>Replaced parts requested by customer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | SMOG CERTIFICATE |  |
| <b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | SHOP SUPPLIES    |  |
| <p>I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. I have read and understand the above and acknowledge receipt of an estimate, and a copy of the Song-Beverly Warranty Act. "BY LAW, YOU MAY CHOOSE ANOTHER FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY."</p> |  | TAX              |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 15 73            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | PAY THIS AMOUNT  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 541 12           |  |

TERMS ARE CASH UNLESS OTHER PRIOR ARRANGEMENTS ARE MADE

\$ \_\_\_\_\_ per day storage fee will be charged 24 hours after notification of work completed.

☐ CASH      ☐ CHECK      ☐ CHARGE      ☐ CREDIT CARD

INTEREST WILL BE CHARGED AT A RATE OF 1 1/2% PER MONTH ON ACCOUNTS OVER 30 DAYS

THANK YOU





# ECKLER'S

## Motoring Accessories

CAMAROS · FIREBIRDS · Z28's · TRANS AM's

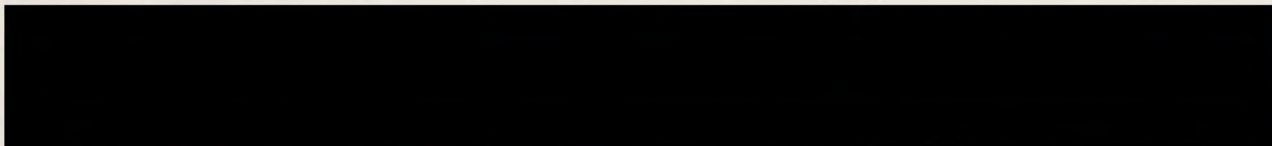
| INVOICE NO.  | PAGE |
|--------------|------|
| 600175       | 1    |
| INVOICE DATE |      |
| 6/29/89      |      |

DIVISIONS OF ECKLER INDUSTRIES INC.  
P.O. BOX 5637 • TITUSVILLE, FL 32783-5637 • 1-800-327-4868

13:58

SOLD  
TO

SHIP  
TO



**IMPORTANT: Please save this invoice — returns or inquiries cannot be made without it!**

| ORDER NO. | ORDER DATE | CUSTOMER NO. | TYPE | SLSMN | PURCHASE ORD. NO. | TERMS         | SHIP VIA | SHIPPING CHARGES |
|-----------|------------|--------------|------|-------|-------------------|---------------|----------|------------------|
| 631617    | 6/29/89    | 309829       | CORV | 073   |                   | Prepaid - C/C | UPS Grnd |                  |

| PICKING LOCATION | QTY. SHPD. | U/M | ITEM NO. | DESCRIPTION                                                                            | QTY. ORD. | QTY. B/O | UNIT PRICE | AMOUNT |
|------------------|------------|-----|----------|----------------------------------------------------------------------------------------|-----------|----------|------------|--------|
|                  | 0          | EA  | A249     | 1982 Corvette Catalog #249<br>THIS ITEM IS BACKORDERED.<br>EXPECTED SHIP DATE 08/13/89 | 1         | 1        |            |        |
|                  | 0          | ST  | A7283    | Wheel, Alum Bolt-On, 1967<br>THIS ITEM IS BACKORDERED.<br>EXPECTED SHIP DATE 08/25/89  | 1         | 1        | 895.00     |        |

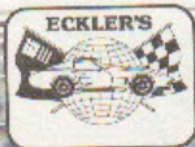
### FOOTNOTES

Thank you for shopping with us.  
Have a good day.

Return & Exchange Information On Back.  
See definitions on back for B/O, T/D, & D.

Balance Due .00





**Eckler's**

DIVISION OF ECKLER INDUSTRIES INC.  
P.O. BOX 5637, TITUSVILLE, FL 32783-5637  
GEN. OFFICES 407-269-9680 • SALES 800-327-4868  
FAX 407-267-6271

August 25, 1989



RE Customer No. 309829

This letter is to let you know that we will be able to supply your 1967 bolt-on aluminum wheels after September 15, 1989. The wheels are in stock; however, we are waiting for the hardware items (includes the cones, clips and other decorative hardware).

Thanks for your patience. We'll ship the parts as soon as they arrive.

Sincerely,

*Michael G. Wilson*

Michael G. Wilson  
Director of Marketing & Advertising

MGW/nm



# J&M Tire & Automotive Center

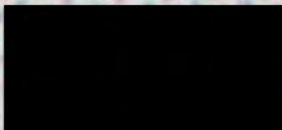
2701 LAND AVE. • SACRAMENTO, CA 95815  
(916) 920-5616 BAR #AB116087



## INVOICE

|             |          |
|-------------|----------|
| INVOICE NO. | 29074    |
| DATE        | 10/20/89 |
| ACCOUNT NO. |          |

CUSTOMER



|          |              |                |         |             |      |            |            |
|----------|--------------|----------------|---------|-------------|------|------------|------------|
| SALESMAN | TYPE OF SALE | WORK ORDER NO. | MILEAGE | LICENSE NO. | YEAR | MAKE/MODEL | PID NUMBER |
| JE       | CASH         |                |         | CARRY OUT   | -    |            |            |

| QTY.                          | STOCK NUMBER | DESCRIPTION               | LABOR | F.E.T. | PRICE | EXTENSION |
|-------------------------------|--------------|---------------------------|-------|--------|-------|-----------|
| 4                             | GY19575B     | 195/75R-15 BLACK TAKE-OFF | 2     | .00    | 62.50 | 250.00    |
| 4                             | M5           | COMPUTER SPIN BALANCE     | 2     | .00    |       |           |
| <i>Handwritten: ID # 1824</i> |              |                           |       |        |       |           |
|                               |              |                           |       |        |       |           |

NOTE: Accounts are delinquent 30 days from date of invoice. We reserve the right to charge 1% per month Service Charge on past due accounts which is an ANNUAL PERCENTAGE RATE OF 18%. And/or collect reasonable attorney's fees if suit is brought to collect same. Goods returned for credit must be accompanied by this invoice within 5 days. An express mechanics lien is hereby acknowledged on vehicle to secure the amount of repairs thereto.

I acknowledge that I have reviewed this estimate of repair and service work. I hereby authorize the above work to be done, including the indicated parts and labor, and promise to pay for all such work. I grant permission to operate the referenced car, truck or vehicle on streets, highways or elsewhere for the purpose of inspection and/or testing.

X

CUSTOMER SIGNATURE

☐ RETAIN OLD PARTS ☐ DISCARD

REVISED ESTIMATE \_\_\_\_\_

☐ IN PERSON ☐ PER PHONE

DATE \_\_\_\_\_ TIME \_\_\_\_\_

X

I UNDERSTAND THAT I HAVE THE RIGHT TO HAVE EMISSION SERVICE AND/OR ADJUSTMENT DONE ELSEWHERE. I HEREBY WAIVE THIS RIGHT.

X

|              |        |
|--------------|--------|
| SUB TOTAL    | 250.00 |
| SALES TAX    | 16.25  |
| TOTAL LABOR  | 266.25 |
| <b>TOTAL</b> |        |

CUSTOMER COPY



BATTERU

|    |    |
|----|----|
| 69 | 15 |
|----|----|

BAR No. AF 173279

## REPAIR ORDER

THANK YOU



003243

406 "Q" Street Phone (918) 443-6222  
Sacramento, California 95814  
EPA No. CAL 000064589  
BAR No. AF 173279

REPAIR  
ORDER[illegible][illegible]

| FOLLOWING REPAIRS RECOMMENDED |    |       |  |                   |    |
|-------------------------------|----|-------|--|-------------------|----|
|                               |    |       |  |                   |    |
| GAS, OIL & GREASE             |    | PRICE |  |                   |    |
| GALS.                         |    |       |  | LBS.              |    |
| GAS                           | \$ |       |  | GREASE            | \$ |
| QTS.                          |    |       |  | TOTAL             |    |
| OIL                           | \$ |       |  | GAS, OIL & GREASE |    |

**WARRANTY:** From date of delivery for a period of 4,000 miles or 90 days, whichever comes first. This firm will repair free of charge any defects in material and workmanship to the repairs stated on this invoice. All work to be done in our shop only. This does not include towing charges.

☐ CASH      ☐ CHECK      ☐ CHARGE      ☐ CREDIT CARD

|                               |  |                              |                             |                                                 |          |
|-------------------------------|--|------------------------------|-----------------------------|-------------------------------------------------|----------|
| NAME                          |  | DATE                         |                             | LABOR CHARGE PER HR.                            |          |
| ADDRESS                       |  | 9/21/94                      |                             | MAINTENANCE INSPECTION <input type="checkbox"/> |          |
| CITY                          |  | STATE                        |                             | ZIP                                             |          |
| PHONE                         |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | YEAR                                            | MAKE     |
| RES. <input type="checkbox"/> |  | 67                           |                             | Chev                                            | CORVETTE |
| BUS <input type="checkbox"/>  |  |                              |                             |                                                 |          |
| VEH. I.D. #                   |  |                              |                             |                                                 |          |
| MILEAGE                       |  | LIC. #                       |                             | MOTOR #                                         |          |
| 72651                         |  | 2DZAY72                      |                             |                                                 |          |
| TIME REC'D                    |  | TIME PROM.                   |                             | GROSS VEH. WT.                                  |          |
| A.M.<br>P.M.                  |  | A.M.<br>P.M.                 |                             | ORD. WRITTEN BY                                 |          |
| OPER. NO.                     |  |                              |                             | CUST. ORDER NO.                                 |          |
|                               |  |                              |                             | ALIGN FRONT END <input type="checkbox"/>        |          |
|                               |  |                              |                             | ROTATE TIRES <input type="checkbox"/>           |          |
|                               |  |                              |                             | TRANS. <input type="checkbox"/>                 |          |
|                               |  |                              |                             | CHANGE OIL GRADE <input type="checkbox"/>       |          |
|                               |  |                              |                             | CHANGE OIL FILTER CART <input type="checkbox"/> |          |
|                               |  |                              |                             | LUBRICATION <input type="checkbox"/>            |          |
|                               |  |                              |                             | MAINTENANCE INSPECTION <input type="checkbox"/> |          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |     |      |    |                             |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|------|----|-----------------------------|-------|
| ORIGINAL<br>ESTIMATE \$ 452                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE | PH# | TIME | BY | TOTAL LABOR                 | 44 00 |
| REVISED<br>ESTIMATE \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE | PH# | TIME | BY | TOTAL PARTS                 | 1 30  |
| REVISED<br>ESTIMATE \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE | PH# | TIME | BY | GAS, OIL, GREASE            |       |
| I acknowledge notice and oral approval of an increase in the original estimated price.<br>X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |      |    | HAZARDOUS<br>WASTE DISPOSAL |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |     |      |    | SUBLET REPAIRS              |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |     |      |    | SMOG<br>CERTIFICATE         |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |     |      |    | SUB TOTAL                   | 45 30 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |     |      |    | TAX                         | 18    |
| Tel. _____ Best time to call _____<br>Replaced parts requested by customer _____ YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |     |      |    | PAY THIS<br>AMOUNT<br>45 48 |       |
| I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. In the event legal action is necessary to enforce this contract, I understand that I am solely responsible for all costs including attorney's fees and court costs. I have read and understand the above and acknowledge receipt of an estimate. * BY LAW YOU MAY CHOOSE ANOTHER LICENSED SMOG FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY. *<br>X |      |     |      |    |                             |       |

**TERMS ARE CASH UNLESS OTHER PRIOR ARRANGEMENTS ARE MADE  
SEE IMPORTANT INFORMATION ON BACK**

THANK YOU

INTEREST WILL BE CHARGED AT A RATE OF 1½% PER MONTH ON ACCOUNTS OVER 30 DAYS



ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE

# PRECISION MOTOR WORKS

406 "Q" Street - Phone (916) 443-6222  
Sacramento, California 95814  
EPA No. CAL 000064589  
BAR No. AF 173279

006330

## REPAIR ORDER

LABOR CHARGE PER HR. \_\_\_\_\_

| QTY | *CODE | N-NEW U-USED R-REBUILT | PART NO. OR DESCRIPTION | SALE AMOUNT |
|-----|-------|------------------------|-------------------------|-------------|
| 1   |       |                        | 9/32wt oil              | 10.00       |
| 1   |       |                        | oil filter              | 8.50        |
| 1   |       |                        | air filter              | 2.00        |

|                               |  |                                    |                             |                          |          |
|-------------------------------|--|------------------------------------|-----------------------------|--------------------------|----------|
| NAME                          |  | DATE                               |                             | MAINTENANCE INSPECTION   |          |
| ADDRESS                       |  | 10/21/96                           |                             | <input type="checkbox"/> |          |
| CITY                          |  | STATE                              |                             | ZIP                      |          |
| PHONE                         |  | YES <input type="checkbox"/>       | NO <input type="checkbox"/> | YEAR                     | MAKE     |
| RES. <input type="checkbox"/> |  |                                    |                             | 67                       | CHEV     |
| BUS. <input type="checkbox"/> |  |                                    |                             |                          | CORVETTE |
| VEH. I.D. #                   |  |                                    |                             | TYPE OR MODEL            |          |
| MILEAGE                       |  | 73265                              |                             | CORVETTE                 |          |
| TIME REC'D                    |  | TIME PROM.                         |                             | GROSS VEH. WT.           |          |
| A.M. P.M.                     |  | A.M. P.M.                          |                             | ORD. WRITTEN BY          |          |
| OPER. NO.                     |  | REPAIR ORDER - DESCRIPTION OF WORK |                             | CUST. ORDER NO.          |          |

**PAID**  
OCT 21 1996  
BY: ck 4761

TOTAL PARTS

20.50

OUTSIDE-SUBLET REPAIRS

PLEASE INITIAL HERE

TOTAL SUBLET REPAIRS

FOLLOWING REPAIRS RECOMMENDED

| GAS, OIL & GREASE | PRICE | TOTAL |
|-------------------|-------|-------|
| GALS              |       |       |
| GAS               |       |       |
| QTS.              |       |       |
| OIL               |       |       |
|                   |       |       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |      |     |      |    |                          |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|-----|------|----|--------------------------|-------|
| ORIGINAL ESTIMATE \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 35.00 | DATE | PH# | TIME | BY | TOTAL LABOR              | 8.00  |
| REVISED ESTIMATE \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | DATE | PH# | TIME | BY | TOTAL PARTS              | 20.50 |
| REVISED ESTIMATE \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | DATE | PH# | TIME | BY | GAS, OIL, GREASE         |       |
| I acknowledge notice and oral approval of an increase in the original estimated price.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |      |     |      |    | HAZARDOUS WASTE DISPOSAL | 2.50  |
| Tel. _____ Best time to call _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |      |     |      |    | SUBLET REPAIRS           |       |
| Replaced parts requested by customer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |      |     |      |    | SMOG CERTIFICATE         |       |
| I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. In the event legal action is necessary to enforce this contract, I understand that I am solely responsible for all costs including attorney's fees and court costs. I have read and understand the above and acknowledge receipt of an estimate. * BY LAW YOU MAY CHOOSE ANOTHER LICENSED SMOG FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY. |       |      |     |      |    | SUB TOTAL                |       |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |      |     |      |    | TAX                      | 1.59  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |      |     |      |    | PAY THIS AMOUNT          | 37.09 |

TERMS ARE CASH UNLESS OTHER PRIOR ARRANGEMENTS ARE MADE  
SEE IMPORTANT INFORMATION ON BACK

**WARRANTY:** From date of delivery for a period of 4,000 miles or 90 days, whichever comes first. This firm will repair free of charge any defects in material and workmanship to the repairs stated on this invoice. All work to be done in our shop only. This does not include towing charges or customer supplied parts.

\$ \_\_\_\_\_ per day storage fee will be charged 24 hours after notification of work completed.

☐ CASH ☐ CHECK ☐ CHARGE ☐ CREDIT CARD

INTEREST WILL BE CHARGED AT A RATE OF 1 1/2% PER MONTH ON ACCOUNTS OVER 30 DAYS

THANK YOU



011259

# AKI'S AUTO SERVICE, INC.

2725 Riverside Blvd.  
SACRAMENTO, CA 95818  
(916) 448-7541

BAR No. AC 182907 EPA No. CAL 000137982

ADDITIONAL R.O. # DATE

4/9/2008

TIME REQUESTED

DESCRIPTION

LABOR AMOUNT

WRITTEN BY

LUBRICATION

CHANGE OIL

CHANGE OIL FILTER CART

REPLACE FAN BELTS

SERVICE TRANSMISSION

CHANGE DIFF OIL

REPLACE HOSES

BALANCE WHEELS

REPACK WHEEL BEARINGS

ROTATE TIRES

CHECK BRAKES

SMOG CHECK

NAME

ADDRESS

CITY

HOME PHONE

BUSINESS PHONE

YEAR

MAKE

MODEL

LICENSE NO.

MILEAGE

VEHICLE I.D.#

TECH. NO.

## REPAIR ORDER - LABOR INSTRUCTIONS

Replenish Brakes Brakes master cyl  
+ bleed system

Check for leaks turn serpentine Front  
Belt & Flashes Replenish Flashes

Check for leaks Rear Front disc mount  
Unbrake Remover repair TRAMS mount &  
adjust TRAMS linkage

## TOTAL PARTS

P.O. NO.

SUBLET REPAIRS

## TOTAL SUBLET REPAIRS

QTS. OIL @

QTS. AUTO TRANS FLUID @

PINTS GEAR OIL @

## TOTAL OIL & FLUIDS

FREON

POUNDS USED

POUNDS RECOVERED

LBS. OZ.

LBS. OZ.

WE RECOMMEND THE FOLLOWING REPAIRS:

- 1.)
- 2.)
- 3.)

I hereby authorize the repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the vehicle herein described on roads, highways or elsewhere for the purpose of testing and/or inspection. I also authorize any sublet repair that you deem necessary. SUBJECT TO CONDITIONS ON REVERSE SIDE OF THIS CONTRACT.

CUST. SIGN

PLEASE READ REVERSE SIDE, CUSTOMER ACKNOWLEDGES RECEIPT HEREOF

ALL PARTS REMOVED WILL BE DISCARDED UNLESS INSTRUCTED OTHERWISE ☐ SAVE ☐ DISCARD

ORIGINAL ESTIMATE

HAZARDOUS WASTE DISPOSAL FEE

TOTAL ORIGINAL EST. INCLUDING HAZARDOUS WASTE DISPOSAL FEE

FAIR DOWN ESTIMATE: I understand that my vehicle will be reassembled within \_\_\_\_\_ days of the date shown above & I choose not to authorize service.

REVISED ESTIMATE

DATE

TIME

PERSON CONTACTED

BY WHOM

☐ BY PHONE ☐ IN PERSON

PHONE

REASON

ADDITIONAL COST

REVISED ESTIMATE

DATE

TIME

PERSON CONTACTED

BY WHOM

☐ BY PHONE ☐ IN PERSON

PHONE

REASON

ADDITIONAL COST

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE

SIGNATURE OR INITIAL

X

## SERVICE AND PARTS SALES

DESC.

SALE

LABOR

PARTS

SUBLET REPAIRS

OIL & FLUIDS

HAZARDOUS WASTE DISP

SMOG TEST & INSPECT FEE

SMOG CERTIFICATE FEE

SALES TAX

TOTAL

All not replacement parts and labor have a limited warranty for 4000 miles or 90 days whichever comes first. Warranty void only if vehicle is returned at customer's expense to our service department for adjustment. Warranty will be voided by overheating, lack of lubrication, or offroad use for non-offroad vehicles. This warranty extends only to the person to whom the services were permitted and not any subsequent purchaser.

CUSTOMER INVOICE

FORM # PCX G1



ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED

Page 1

James Keith Shogren

DATE: 1-10-03

LABOR CHARGE

|                |                            |
|----------------|----------------------------|
| TIME PROMISED  | LUBRICATION ( )            |
| A.M. P.M.      | CHANGE OIL ( )             |
| CUSTOMER NO.   | CHANGE OIL & FILTER ( )    |
| ZIP CODE       | SERVICE AIR CLEANER ( )    |
| SELLING DLR.   | SERVICE P.C.V. SYST. ( )   |
| ZIP CODE       | REPLACE FUEL FILTER ( )    |
| CROSS REF. NO. | SERVICE FUEL INJECTION ( ) |
| LICENSE NO.    | PACK FRONT WHEEL BROS. ( ) |
| WRITTEN BY     | PACK U-JOINT ( )           |
|                | SERVICE DRIVE BELTS ( )    |
|                | ROTATE TIRES ( )           |
|                | WHEEL BALANCE ( )          |
|                | WHEEL ALIGNMENT ( )        |

[REDACTED]

CUSTOMER'S NAME

ADDRESS

CITY

BUS. PHONE

YEAR MAKE

VI. #

MILEAGE

REPAIR ORDER LABOR INSTRUCTIONS

REF. engine - disassemble - inspect and rebuild 12000  
 Clear, paint parts, change hoses 10000  
 Crank repair 3000  
 Flywheel 6000  
 Hang and align pistons 17500  
 Balance rotating assembly 3000  
 Surface flywheel 3000  
 Hot tank parts - oil pan turning cover etc 4500  
 Disassemble clean, blue starter 12500  
 E-hend valley 1850 cast 6000  
 Disassemble clean & secure dist 2000  
 Install ring gear - flywheel

ESTIMATED COST OF ABOVE REPAIRS \$

Do you want the old parts? Yes ( ) No ( )

SERVICE AND REPAIR AUTHORIZATION

I, the Owner, hereby authorize you to perform the above repairs and supply the necessary parts or materials. I understand any cost quoted is an estimate only. Your employees may operate vehicle for inspection, testing, delivery at my risk. You will not be responsible for loss or damage to vehicle or articles left in it. I agree to pay reasonable storage fee on vehicle left more than 24 hrs. after notification that repairs are completed. I AGREE THAT YOU HAVE AN EXPRESS LIEN ON THE ABOVE DESCRIBED VEHICLE FOR THE CHARGES, PARTS AND LABOR SUPPLIED UNDER THIS REPAIR ORDER. IF I FAIL TO PAY SUCH CHARGES, I AGREE THAT THE VEHICLE MAY BE SOLD AS PROVIDED BY LAW. In the event a lawyer is retained to foreclose this lien or to bring suit for collection of any sums due, I agree to pay costs of collection and reasonable attorneys fee. RECEIPT OF A COPY OF THIS ORDER IS HEREBY ACKNOWLEDGED.

SIGNATURE

ADDITIONAL TERMS AND CONDITIONS ON REVERSE SIDE. PLEASE READ REVERSE SIDE.

|           |      |      |                                                                                                                  |                                     |
|-----------|------|------|------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| REV. EST. | TIME | DATE | <input type="checkbox"/> PHONE<br><input type="checkbox"/> IN PERSON<br><input type="checkbox"/> CUST. CALLED IN | NAME OF PERSON CONTACTED<br>PHONE # |
| REV. EST. | TIME | DATE | <input type="checkbox"/> PHONE<br><input type="checkbox"/> IN PERSON<br><input type="checkbox"/> CUST. CALLED IN | NAME OF PERSON CONTACTED<br>PHONE # |

\*ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE

X

CUST. SIG.

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE

THANK YOU

| QTY.        | PART NO. OR DESCRIPTION             | SALE AMOUNT |
|-------------|-------------------------------------|-------------|
| 8           | SAF-396-020 Pistons                 | 11500       |
| 1           | Set 139 Rings                       | 2393        |
| 1           | Set CR 803 Am. 010 Rod Bearings     | 2050        |
| 1           | Set MB 554 A.M. 1010 Main Bearings  | 2250        |
| 1           | M-55 Melling oil pump               | 3500        |
| 1           | SS-3100 Double-rod timing chain set | 3000        |
| 1           | D-5553 Screen                       | 725         |
| 1           | Set 1014 7994 Intake Gaskets        | 1784        |
| 16          | RK 401 packed Rings                 | 5200        |
| 1           | 600-2016 Balance Slave              | 1100        |
| 1           | 5th Valvolin 10-30 oil              | 1000        |
| 1           | 1143 oil filter                     | 1400        |
| 1           | 6th Val 30 wt oil                   | 1200        |
| 2           | Gm 3830711 head gaskets 026         | 3000        |
| 1           | Misener engine gaskets              | 2000        |
| 1           | Set 12348641 Gm intake bolts        | 1200        |
| 1           | 530080 150° Thermostat              | 900         |
| 1           | T45 timing sender                   | 750         |
| 1           | Rebuilt water pump                  | 4800        |
| TOTAL PARTS |                                     |             |

PO NO. SUBLET REPAIRS OK BY CUST

1 pair alternator & owner heads all new parts 40000  
 1 Box home - prep block 25000  
 TOTAL SUBLET REPAIRS

10/26/02 # 1040

Deposit 2000.00

CASH

Est. 3500 to 4,000

CHARGE

☐

GALS GASOLINE

QTS OIL

LBS GREASE

AUTO TRANS OIL

COOLANT

TOTAL

BY LAW YOU MAY CHOOSE ANOTHER FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMV CHECK TEST INDICATES ARE NECESSARY

WE RECOMMEND THE FOLLOWING REPAIRS

INTERNAL

WARRANTY

☐

1. Paid # 1042  
 2. MECHANICAL/ENGINE/AND TRANSMISSION TEAR DOWN AND REASSEMBLY STATEMENT

1. COST OF TEAR DOWN AND EST. \$

2. AS IT PERFORMED PRIOR TO TEAR DOWN AND REASSEMBLY

DOES NOT APPLY TO AUTOMATIC TRANSMISSION

NUMBER OF DAYS DOWN AND TO REASSEMBLY

SIGN X







ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED

Page 3

James Kette Shoxer

| QTY. | PART NO. OR DESCRIPTION           | SALE AMOUNT |
|------|-----------------------------------|-------------|
| 1    | Mini vac hoses                    | 5.00        |
| 1    | PW-32 Power Antenna               | 52.79       |
| 2    | AWEC-48 Cables                    | 5.00        |
| 1    | #1157 Bulb Left front turn signal | 1.25        |
| 1    | #17524 Battery                    | 52.00       |
| 1    | RG-522 Ring blow                  | 24.00       |
| 1    | Backup lamp rod & Chrg            | 6.25        |
| 1    | 4-speed shifter and linkage       | 275.00      |
| 1    | Comp cam #12-234-2                | 120.00      |
| 16   | 969-liters                        | 45.00       |
| 1    | Used oil cap                      | 2.00        |
| 1    | 04-021 transfer clutch - new      | 225.00      |
| 1    | shefter mount                     | 33.00       |

TOTAL PARTS

PO NO SUBLET REPAIRS OK BY CUST

TOTAL SUBLET REPAIRS

CASH

CHARGE

INTERNAL

WARRANTY

GALS GASOLINE @

QTS OIL @

LBS GREASE @

AUTO TRANS OIL

COOLANT

TOTAL

BY LAW, YOU MAY CHOOSE ANOTHER FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY

WE RECOMMEND THE FOLLOWING REPAIRS

1.

2.

MECHANICAL/ENGINE/AND TRANSMISSION TEAR DOWN AND REASSEMBLY STATEMENT

1. COST OF TEAR DOWN AND EST. \$

2. AS IT PERFORMED PRIOR TO TEAR DOWN AND REASSEMBLY

DOES NOT APPLY TO AUTOMATIC TRANSMISSION

NUMBER OF DAYS DOWN AND TO REASSEMBLY

SIGN X

OPER NO.

REPAIR ORDER

LABOR INSTRUCTIONS

Block: 3892657  
Hoods: 3917291  
V6 614 FH  
7121723

F87  
F57  
E177

Reel Hurst linkage - replace owner wants original - 2.0 hours 120.00  
Repair clock ring

ESTIMATED COST OF ABOVE REPAIRS \$

Do you want the old parts? Yes ( ) No ( )

# SERVICE AND REPAIR AUTHORIZATION

I, the Owner, hereby authorize you to perform the above repairs and supply the necessary parts or materials. I understand any cost quoted is an estimate only. Your employee may operate vehicle for inspection, testing, delivery at my risk. You will not be responsible for loss or damage to vehicle or articles left in it. I agree to pay reasonable storage fee on vehicle left more than 24 hrs. after notification that repairs are completed. I AGREE THAT YOU HAVE AN EXPRESS LIEN ON THE ABOVE DESCRIBED VEHICLE FOR THE CHARGES, PARTS AND LABOR SUPPLIED UNDER THIS REPAIR ORDER. IF I FAIL TO PAY SUCH CHARGES, I AGREE THAT THE VEHICLE MAY BE SOLD AS PROVIDED BY LAW. In the event a lawyer is retained to foreclose this lien or to bring suit for collection of any sum due, I agree to pay costs of collection and reasonable attorney's fee.

RECEIPT OF A COPY OF THIS ORDER IS HEREBY ACKNOWLEDGED.

SIGNATURE X

ADDITIONAL TERMS AND CONDITIONS ON REVERSE SIDE. PLEASE READ REVERSE SIDE.

REV EST

TIME

DATE

☐ PHONE  
☐ IN PERSON  
☐ CURT CALLED IN

NAME OF PERSON CONTACTED  
PHONE #

REV EST

TIME

DATE

☐ PHONE  
☐ IN PERSON  
☐ CURT CALLED IN

NAME OF PERSON CONTACTED  
PHONE #

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE

X

CUST SIG

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE

THANK YOU

DATE:

LABOR CHARGE

TIME PROMISED

A.M.

P.M.

CUSTOMER NO.

ZIP CODE

SELLING DLR.

ZIP CODE

CROSS REF NO.

LICENSE NO.

WRITTEN BY

LUBRICATION ( )

CHANGE OIL ( )

CHANGE OIL & FILTER ( )

SERVICE AIR CLEANER ( )

SERVICE P.C.V. SYST ( )

REPLACE FUEL FILTER ( )

SERVICE FUEL INJECTION ( )

PACK FRONT WHEEL BRGS ( )

PACK U-JOINT ( )

SERVICE DRIVE BELTS ( )

ROTATE TIRES ( )

WHEEL BALANCE ( )

WHEEL ALIGNMENT ( )

LABOR

PARTS

ACCESSORIES

GAS/OIL/GREASE

BODY LABOR

SUBLET REPAIRS

SALES TAX

TOTAL

2295.00

2288.22

177.34

4760.56



## G\12 ALIGNMENT &amp; BRAKES

2000 16TH ST. - SACRAMENTO, CA 95818

(916) 442-1700

B.A.R.# AF 25823R

E.P.A.# 000-025-496

67 CHEV  
VETTE  
Odometer: 73485

INVOICE  
0061357  
01-23-2003

LICENSE NO. 5P8606E WY

PAGE 1 OF 1

Home Phone:

## LABOR/SERVICE

|                                                                                                              | HOURS | RATE | AMOUNT           |
|--------------------------------------------------------------------------------------------------------------|-------|------|------------------|
| REPLACE LOWER INNER CONTROL ARM BUSHINGS ON BOTH SIDES, INSTALL NEW SWAY BAR LINKS, INSTALL NEW FRONT SHOCKS |       |      | \$ 210.00        |
| REPLACE RIGHT REAR CALIPER WITH REBUILT UNIT, BLEED SYSTEM                                                   |       |      | \$ 72.00         |
| REPLACE LEFT REAR WHEEL BEARINGS & SEALS                                                                     |       |      | \$ 220.00        |
| ALIGN FRONT                                                                                                  |       |      | \$ 60.00         |
| ALIGN REAR, SET TRACKING                                                                                     |       |      | \$ 70.00         |
| <b>TOTAL LABOR/SERVICE</b>                                                                                   |       |      | <b>\$ 632.00</b> |

## PARTS

| PART DESCRIPTION         | PART NO. | QTY.      | AMOUNT           |
|--------------------------|----------|-----------|------------------|
| BUSHING KIT              | K304     | 1         | \$ 37.58         |
| SHOCK                    | 343127   | 2 @ 32.00 | \$ 64.00         |
| REBUILT CALIPER          | 10-8003  | 1         | \$ 145.00        |
| BEARING                  | SET5     | 1         | \$ 18.10         |
| CUP                      | M86610   | 1         | \$ 7.18          |
| BEARING                  | M86649   | 1         | \$ 15.36         |
| SEAL                     | 5113     | 1         | \$ 23.80         |
| SEAL                     | 9178S    | 1         | \$ 18.70         |
| BRAKE FLUID              | ST8      | 1         | \$ 4.50          |
| LEFT REAR E BRAKE SPRING | SPDLR    | 1         | \$ 5.60          |
| <b>TOTAL PARTS</b>       |          |           | <b>\$ 339.82</b> |

**PAID**

SUB TOTAL \$ 971.82  
SALES TAX \$ 26.34  
AMOUNT DUE \$ 998.16

CASH RECEIVED \$ 998.16

A BUYER OF THIS PRODUCT IN CALIFORNIA HAS A RIGHT TO HAVE THIS PRODUCT SERVICED OR REPAIRED DURING THE WARRANTY PERIOD. THE WARRANTY PERIOD WILL BE EXTENDED FOR THE NUMBER OF WHOLE DAYS THAT THE PRODUCT HAS BEEN OUT OF THE BUYERS HANDS FOR THE WARRANTY PERIOD. IF A DEFECT EXISTS WITHIN THE WARRANTY PERIOD THE WARRANTY WILL NOT EXPIRE UNTIL THE DEFECT HAS BEEN FIXED. THE WARRANTY PERIOD WILL BE EXTENDED IF THE WARRANTY REPAIRS DID NOT REMEDY THE DEFECT AND THE BUYER NOTIFIES THE MANUFACTURER OR SELLER OF THE FAILURE OF THE REPAIRS WITHIN 60 DAYS AFTER THEY WERE COMPLETED. IF, AFTER A REASONABLE NUMBER OF ATTEMPTS, THE DEFECT HAS NOT BEEN FIXED THE BUYER MAY RETURN THE PRODUCT FOR A REPLACEMENT OR REFUND.

CUSTOMER'S SIGNATURE OF ACCEPTANCE

DATE



# REPAIR ORDER

| MATERIAL USED |          |                           |        |                    |
|---------------|----------|---------------------------|--------|--------------------|
| QTY.          | PART NO. | DESCRIPTION               | PRICE  | WARRANTY<br>YES NO |
| 1             | 6428065  | Condenser Unit            | 16500  |                    |
| 1             | 7305     | 6m drive                  | 1249   |                    |
| 1             | 5-3015   | Quartz<br>Concession Unit | 6500   |                    |
| 1             | 1143     | oil filter                | 700    |                    |
| 5             | 96       | Valvoline 30wt            | 1000   |                    |
|               |          |                           | 259.49 |                    |

BROUGHT FORWARD

| TOTAL PARTS       |               |                                         |       |                    |
|-------------------|---------------|-----------------------------------------|-------|--------------------|
| QTY.              | ACCESSORY NO. | ACCESSORIES                             | PRICE | WARRANTY<br>YES NO |
|                   |               | Disassemble - change<br>Clock to Quartz | 7000  |                    |
| TOTAL ACCESSORIES |               |                                         |       |                    |

*Dave's White Shop*  
Page 1

|                        |                        |                                                                                       |
|------------------------|------------------------|---------------------------------------------------------------------------------------|
| DATE<br>2-7-03         |                        |                                                                                       |
| MAKE<br>Chevy          | TYPE OR MODEL<br>Kette | YEAR<br>67                                                                            |
| SERIAL NO.             | ENGINE NO.             | PROMISED<br>A.M.<br>P.M.                                                              |
| ODOMETER<br>74150      | LICENSE NO.            | TERMS<br>PHONE WHEN READY<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| ORDER WRITTEN BY<br>DU |                        | PHONE                                                                                 |

| OPER NO. | INSTRUCTIONS                                                                                                                    |       |
|----------|---------------------------------------------------------------------------------------------------------------------------------|-------|
|          | Gas gauge reads 1/2 at all times -<br>insight - found sender bad -<br>1 R&K sender and replace with new unit<br>2.3 hrs. 138.00 |       |
|          | Clock - R&K for repairs                                                                                                         |       |
|          | Am Radio mag - R&K antenna make up ground system                                                                                |       |
|          | Shifter sticks - R&K - inspect - install & adjust linkage                                                                       |       |
|          | Install new filter & oil - check belts etc                                                                                      |       |
|          | Starter spins - won't engage - R&K - starter replace                                                                            | 60.00 |
|          | brakes drive - lube - replace shield - cones                                                                                    |       |

You are entitled to a price estimate for the repairs you have authorized. The repair price may be less than the estimate, but will not exceed the estimate without your permission. Your signature will indicate your estimate selection.  
Teardown estimate - I understand that my car will be reassembled within \_\_\_\_\_ days of the date shown if I choose not to authorize the services recommended.

- I request an estimate in writing before you begin repairs.
- Please proceed with repairs, but call me before continuing if the price will exceed \$\_\_\_\_\_.
- I do not want an estimate.

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and / or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and / or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

**X**

NOT RESPONSIBLE  
FOR LOSS OR DAM-  
AGE TO CARS OR  
ARTICLES LEFT IN  
CARS IN CASE OF  
FIRE, THEFT OR ANY  
OTHER CAUSE  
BEYOND OUR CON-  
TROL.

| GAS, OIL, & GREASE      | PRICE |
|-------------------------|-------|
| GALS. GAS @             |       |
| QTS. OIL @              |       |
| LBS. GREASE @           |       |
| TOTAL GAS, OIL & GREASE |       |

| METHOD OF PAYMENT:                 |  | TOTAL LABOR       | 204.00 |
|------------------------------------|--|-------------------|--------|
| <input type="checkbox"/> CASH      |  | TOTAL PARTS       | 259.49 |
| <input type="checkbox"/> CHECK     |  | ACCESSORIES       |        |
| <input type="checkbox"/> CHARGE    |  | GAS, OIL & GREASE |        |
| LABOR:                             |  | OUTSIDE REPAIRS   |        |
| <input type="checkbox"/> FLAT RATE |  |                   |        |
| <input type="checkbox"/> HOURLY    |  | TAX               | 20.11  |
| <input type="checkbox"/> BOTH      |  | TOTAL AMOUNT      | 483.60 |

| DSS                      | ISJ                      | LABOR CHARGE            |
|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Lubrication             |
| <input type="checkbox"/> | <input type="checkbox"/> | Change Oil              |
| <input type="checkbox"/> | <input type="checkbox"/> | Change Oil Filter Cart. |
| <input type="checkbox"/> | <input type="checkbox"/> | Change Trans.           |
| <input type="checkbox"/> | <input type="checkbox"/> | Change Diff.            |
| <input type="checkbox"/> | <input type="checkbox"/> | Pack Front Wheel Brgs.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Adjust Brakes           |
| <input type="checkbox"/> | <input type="checkbox"/> | Rotate Tires            |
| <input type="checkbox"/> | <input type="checkbox"/> | Wash Polish             |
| <input type="checkbox"/> | <input type="checkbox"/> | State Inspection        |



CORVETTE AMERICA  
AUTO ACCESSORIES OF AMERICA, INC.  
ROUTE 322, P.O. BOX 427  
BOALSBURG, PA. 16827  
USA & CANADA 1-800-458-3475  
FOREIGN 1-814-364-2141  
FAX # 1-814-364-9615  
E-MAIL VETTEBOX@CORVETTEAMERICA.COM

CUSTOMER INVOICE

Page 1

INVOICE NO. 847923  
CUSTOMER NO. 223710  
CATEGORY 139 -> 149  
ORDER DATE 2/20/03  
SHIP DATE 2/21/03  
CUSTOMER PO

YEAR 67

CUSTOMER

SHIP TO

PHONE

SALES REP: JOHN ZUBLER

FAX

E-MAIL

| PART#  | QUANTITY | ORDERED | SHIPPED | B/O | UM    | DESCRIPTION                        | LIST PRICE | YOUR PRICE | EXTENDED AMOUNT |
|--------|----------|---------|---------|-----|-------|------------------------------------|------------|------------|-----------------|
| 418720 | 1        | 1       | 0       | PR  | 67    | LSC. BLACK                         | 419.00     | 419.00     | 419.00          |
| 45303  | 1        | 1       | 0       | EA  | 53-03 | CORVETTE AMERICA CTLG SUBSCRIPTION | .00        | .00        | .00             |

\*\*\*\*\*  
THANKS FOR YOUR ORDER CRAIG  
JOHN ZUBLER  
\*\*\*\*\*

\*\*\*\*\*  
CHECK OUT....CORVETTEAMERICA.COM

SHIP VIA Fed-Ex 3-Day

SUB-TOTAL 419.00

PLEASE NOTE... THIS INVOICE IS NEEDED TO PROCESS A RETURN.

SALES TAX

SHIPPING & HANDLING 26.00

CORVETTE, CAMARO, FIREBIRD, AND RELATED EMBLEMS ARE REGISTERED  
TRADEMARKS OF GENERAL MOTORS CORPORATION.

INVOICE TOTAL 445.00

\*\* CUSTOMER COPY \*\*





# RAY'S AUTO STEREO

1925 "F" STREET  
SACRAMENTO, CA 95814  
B.E.A.R. # F23447

(916) 447-9753

21845

|         |            |                      |            |
|---------|------------|----------------------|------------|
| Name    | [REDACTED] | Date                 | 3/4/3      |
| Address | [REDACTED] | Customer's Order No. |            |
| City    | [REDACTED] | Res. Phone           | [REDACTED] |
| Zip     | [REDACTED] |                      |            |

|         |        |         |        |           |            |
|---------|--------|---------|--------|-----------|------------|
| Sold By | Year   | Make    | Model  | Exp. Date |            |
|         |        | 617     | Vette  | AM FM     |            |
| CASH    | CHARGE | ON ACCT | CREDIT | VISA      | MC         |
|         |        |         | CARD   | AMEX      | DISCOVER # |

| QTY | DESCRIPTION                   | PRICE | AMOUNT            |
|-----|-------------------------------|-------|-------------------|
|     | R+R spkr + radio              |       | 108 <sup>00</sup> |
|     | 1.5 hrs @ 72 <sup>00</sup>    |       |                   |
|     | Repair AM FM function switch, |       | 185 <sup>00</sup> |
|     | control Assy + bias ckt.      |       |                   |
|     | PAID                          |       |                   |
|     | ck #200                       |       |                   |

ESTIMATE \$  
AMOUNT  
Includes: service call, shop labor, removal, re-installation and materials.  
If upon closer shop analysis additional repairs are needed, you will be  
contacted for authorization to cover additional repair charges.

Revised Est. Approved by Time, Date Called & by Whom

I hereby acknowledge receipt of my equipment(s) and all old parts except those exempted or waived

X  
Received By Date Rec'd

|             |                   |
|-------------|-------------------|
| LABOR       |                   |
| TOTAL PARTS |                   |
| TAX         |                   |
| SUB - TOTAL |                   |
| DEPOSIT     |                   |
| BALANCE     | 293 <sup>00</sup> |

All claims and returned goods MUST be accompanied by this bill.



# REPAIR ORDER

James Vette Shoppe  
Page 2

| MATERIAL USED                                                                                                                                                                                                                          |          |             |       |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-------|--------------------|
| QTY.                                                                                                                                                                                                                                   | PART NO. | DESCRIPTION | PRICE | WARRANTY<br>YES NO |
| <p>Note: The transmission has bearing wear noises and vibration transferring in drive-line - would recommend trans o-haul to correct problem</p> <p>Ring gear on flywheel worn - causing sometimes "Grind" type sound from starter</p> |          |             |       |                    |
| <p>OUTSIDE REPAIRS</p> <p>Paint Ch # 1047</p>                                                                                                                                                                                          |          |             |       |                    |

|                  |               |          |                  |
|------------------|---------------|----------|------------------|
| NAME             |               | DATE     |                  |
| ADDRESS          |               | 5-16-63  |                  |
| MAKE             | TYPE OR MODEL | YEAR     | RECEIVED         |
| Chevy            | Vette         | 67       | A.M. P.M.        |
| SERIAL NO.       | ENGINE NO.    | PROMISED |                  |
| ODOMETER         | LICENSE NO.   | TERMS    | PHONE WHEN READY |
| ORDER WRITTEN BY |               | PHONE    |                  |

| DSS                     | ISJ                      | LABOR CHARGE |
|-------------------------|--------------------------|--------------|
| Lubrication             | <input type="checkbox"/> |              |
| Change Oil              | <input type="checkbox"/> |              |
| Change Oil Filter Cart. | <input type="checkbox"/> |              |
| Change Trans.           | <input type="checkbox"/> |              |
| Change Diff.            | <input type="checkbox"/> |              |
| Pack Front Wheel Brgs.  | <input type="checkbox"/> |              |
| Adjust Brakes           | <input type="checkbox"/> |              |
| Rotate Tires            | <input type="checkbox"/> |              |
| Wash Polish             | <input type="checkbox"/> |              |
| State Inspection        | <input type="checkbox"/> |              |

| OPER NO. | INSTRUCTIONS                                                                                                            |      |
|----------|-------------------------------------------------------------------------------------------------------------------------|------|
|          | Oil leak - remove bolt at intake - left was seen clean & silicon seal threads                                           | N/C  |
|          | Check carb - timing - dwell 28° - timing at 8° idle speed 800 RPM (owner's start) adjust float level lower (-Ric & Sec) | N/C  |
|          | Check Brake lite left side - ok at this time -                                                                          | N/C  |
|          | Adjust hood latch and left side height                                                                                  | 6.00 |

You are entitled to a price estimate for the repairs you have authorized. The repair price may be less than the estimate, but will not exceed the estimate without your permission. Your signature will indicate your estimate selection.  
Teardown estimate - I understand that my car will be reassembled within \_\_\_\_\_ days of the date shown if I choose not to authorize the services recommended.

- I request an estimate in writing before you begin repairs.
- Please proceed with repairs, but call me before continuing if the price will exceed \$\_\_\_\_\_
- I do not want an estimate.

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and / or your employee permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and / or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

X

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

| GAS, OIL & GREASE        | PRICE |
|--------------------------|-------|
| GALS. GAS @              |       |
| QTS. OIL @               |       |
| LBS. GREASE @            |       |
| TOTAL GAS, OIL, & GREASE |       |

## METHOD OF PAYMENT:

- ☐ CASH  
☐ CHECK  
☐ CHARGE

## LABOR:

- ☐ FLAT RATE  
☐ HOURLY  
☐ BOTH

|                   |  |
|-------------------|--|
| TOTAL LABOR       |  |
| TOTAL PARTS       |  |
| ACCESSORIES       |  |
| GAS, OIL & GREASE |  |
| OUTSIDE REPAIRS   |  |
| TAX               |  |
| TOTAL AMOUNT      |  |



CORVETTE AMERICA  
AUTO ACCESSORIES OF AMERICA, INC.  
ROUTE 322, P.O. BOX 427  
BOALSBURG, PA. 16827  
USA & CANADA 1-800-458-3475  
FOREIGN 1-814-364-2141  
FAX # 1-814-364-9615  
E-MAIL VETTEBOX@CORVETTEAMERICA.COM

CUSTOMER INVOICE

INVOICE NO. 880837  
CUSTOMER NO. 223710  
CATEGORY 149  
ORDER DATE 6/04/03  
SHIP DATE 6/09/03  
CUSTOMER PO

Page 1  
YEAR 66  
67

PHONE  
FAX  
E-MAIL

SALES REP: JOHN ZUBLER

| PART# | QUANTITY | DESCRIPTION                 | LIST PRICE | YOUR PRICE | EXTENDED AMOUNT |
|-------|----------|-----------------------------|------------|------------|-----------------|
| 4060  | 2        | PR 63-67 MATS. BLACK RUBBER | 29.00      | 29.00      | 58.00           |

\*\*\*\*\*  
THANKS FOR YOUR ORDER CRAIG  
JOHN ZUBLER  
\*\*\*\*\*

SHIP VIA Fed-Ex Ground

PLEASE NOTE... THIS INVOICE IS NEEDED TO PROCESS A RETURN.

CORVETTE, CAMARO, FIREBIRD, AND RELATED EMBLEMS ARE REGISTERED  
TRADEMARKS OF GENERAL MOTORS CORPORATION.

CHECK OUT....CORVETTEAMERICA.COM

SUB-TOTAL 58.00  
SALES TAX  
SHIPPING & HANDLING 10.00  
INVOICE TOTAL 68.00

\*\* CUSTOMER COPY \*\*



| QTY. | PART NO. OR DESCRIPTION | SALE AMOUNT |
|------|-------------------------|-------------|
| 1    | Ex Gasket Set           | 12.00       |
| 1    | Water pump              | 65.00       |
| 1    | Cooling Fan Belt        | 15.00       |
| 1    | Fuel Pump               | 35.00       |
| 1    | Fan Belt                | 15.00       |
| 1    | Ex Valve cover Gasket   | 16.00       |

# AKI'S AUTO SERVICE, INC.

2725 Riverside Blvd.  
SACRAMENTO, CA 95818  
(916) 448-7541

BAR No. AC 182907 EPA No. CAL 000137982

ADDITIONAL R.O. #

DATE

13581

TIME REQUESTED

WRITTEN BY

DESCRIPTION

LABOR AMOUNT

LUBRICATION

CHANGE OIL

CHANGE OIL FILTER CART

REPLACE FAN BELTS

SERVICE TRANSMISSION

CHANGE DIFF. OIL

REPLACE HOSES

BALANCE WHEELS

REPACK WHEEL BEARINGS

ROTATE TIRES

CHECK BRAKES

SMOG CHECK

HOME PHONE

BUSINESS PHONE

CALL WHEN READY

YEAR

MAKE

MODEL

LICENSE NO.

MILEAGE

VEHICLE I.D.#

TECH. NO.

REPAIR ORDER - LABOR INSTRUCTIONS

Adjusted both Brakes & replaced valve  
Cabin Gasket

Replaced brake Fuel pump

Replaced water pump & new coolant  
Fan Belt

Replaced brake Ex manifold Gasket

TOTAL PARTS

R.O. NO.

SUBLET REPAIRS

TOTAL SUBLET REPAIRS

QTS. OIL @

QTS. AUTO TRANS FLUID @

PINTS GEAR OIL @

TOTAL OIL & FLUIDS

FREON

POUNDS USED

POUNDS RECOVERED

LB. OZ.

LB. OZ.

WE RECOMMEND THE FOLLOWING REPAIRS:

1. Air Brakes broken

2.

3.

I hereby authorize the repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. I also authorize any subcontract repair that you deem necessary. SUBJECT TO CONDITIONS ON REVERSE SIDE OF THIS CONTRACT.

CUST. SIG.

ALL PARTS REMOVED WILL BE DISCARDED UNLESS INSTRUCTED OTHERWISE ☐ SAVE ☐ DISCARD

ORIGINAL ESTIMATE

HAZARDOUS WASTE DISPOSAL FEE

TOTAL ORIGINAL EST. INCLUDING HAZARDOUS WASTE DISPOSAL FEE

TEAR DOWN ESTIMATE

I understand that my vehicle will be reassembled within \_\_\_\_\_ days of the date shown above if I choose not to authorize service.

REVISED ESTIMATE

DATE

TIME

PERSON CONTACTED

BY WHOM

☐ BY PHONE ☐ IN PERSON

PHONE

REASON

ADDITIONAL COST

REVISED ESTIMATE

DATE

TIME

PERSON CONTACTED

BY WHOM

☐ BY PHONE ☐ IN PERSON

PHONE

REASON

ADDITIONAL COST

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE. SIGNATURE OR INITIAL X

SERVICE AND PARTS SALES

DESC.

SALE

LABOR

PARTS

SUBLET REPAIRS

OIL & FLUIDS

HAZARDOUS WASTE D.F.

SMOG TEST & INSPECT FEE

SMOG CERTIFICATE FEE

SALES TAX

TOTAL

All not replacement parts and labor have a limited warranty for 4000 miles or 90 days whichever comes first. Warranty valid only if vehicle is returned at customer's expense to our service department for adjustment. Warranty will be voided by overhauling, loss of lubrication, or refusal to use for non-offroad vehicles. This warranty extends only to the person to whom the services were performed and not any subsequent purchaser.

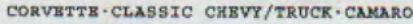
CUSTOMER INVOICE

FORM # AC-281









|                |  |                |  |                  |  |
|----------------|--|----------------|--|------------------|--|
| Customer No.   |  | Order No.      |  | Print Date/Time  |  |
| 21139473-000   |  | 02356837-00001 |  | 1/25/06 16:24:55 |  |
| Bin No.        |  | Batch No.      |  | Order Date       |  |
| 002            |  | 0000423510     |  | 1/25/06          |  |
| Sls#           |  | P.O. Number    |  | Order Type       |  |
| 329            |  |                |  | RTL              |  |
| Ship Via       |  |                |  | Terms            |  |
| BESTWAY GROUND |  |                |  | VISA CARD        |  |



| Location | Part No. | Shpd | UM | Description                    | B/O | Unit Price | Sale Price | Amount |
|----------|----------|------|----|--------------------------------|-----|------------|------------|--------|
| A03-8-06 | 30723    | 1    | EA | W/S, Coupe Door Main Rt, 63-67 | 0   | 19.99      | 19.99      | 19.99  |

|             |       |
|-------------|-------|
| Sale Amount | 19.99 |
| Shpg & Hndg | 8.99  |
| Sales Tax   | .00   |
| Pkg Protect | .00   |
| COD Charges | .00   |
| Total       | 28.98 |
| Prepayment  | 28.98 |
| Balance Due | .00   |



ATTN: RETURNS DEPT.  
5225 South Washington Ave.  
Titusville, FL 32780

Comments:

# RTL



# ULTRA CONCEPTS AUTOMOTIVE

6260 Belleau Wood Lane, Ste. #8 • Sacramento, CA 95822

Phone (916) 427-7165

BAR No. AG 133996 • EPA No. CAL 000037915

009585

REPAIR INVOICE

| ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE                  |                        |        |  |
|-------------------------------------------------------------------------|------------------------|--------|--|
| * CODE = N-NEW U-USED R-REBUILT O-OEM A-AFTERMARKET C-CUSTOMER SUPPLIED |                        |        |  |
| QTY                                                                     | PART NO. & DESCRIPTION | AMOUNT |  |
| 5 N                                                                     | Wt Sng 20" A 6.00      | 30.00  |  |
| 1 N                                                                     | Wt Filter              | 7.50   |  |
| 1 N                                                                     | Filter / gasket        | 10.99  |  |
| 1 N                                                                     | Wt Filter              | 12.95  |  |
| 1 N                                                                     | Wt Filter              | 7.50   |  |
| 5 N                                                                     | Wt Sng 5/20 E 6-10     | 30.50  |  |

W- 5/1/07  
W- 9311

|                                       |  |                                     |  |
|---------------------------------------|--|-------------------------------------|--|
| DATE<br>5/1/07                        |  | LABOR CHARGE PER HR.<br>85          |  |
| STATE<br>CA                           |  | ZIP<br>95822                        |  |
| TIME REC'D<br>10:00                   |  | TIME PROM.<br>11:00                 |  |
| PH. WHEN READY<br>[REDACTED]          |  | WRITTEN BY<br>[REDACTED]            |  |
| MILEAGE<br>18741                      |  | LIC PLATE #<br>5KEE-555             |  |
| YR / MAKE / MODEL<br>67 Chevy Corvair |  | G.V.W.R.<br>[REDACTED]              |  |
| V.I.N.<br>[REDACTED]                  |  | CUST. PO#<br>[REDACTED]             |  |
| OPR. #                                |  | REPAIR ORDER • DESCRIPTION OF LABOR |  |

|                        |  |                                            |  |
|------------------------|--|--------------------------------------------|--|
| - Service -            |  | - Repair w/ coolant - pressure test 13 lbs |  |
| Belt / hoses - ok      |  | Fluid levels - ok                          |  |
| Inflate tire to 32 psi |  |                                            |  |

|                                                                                                           |             |
|-----------------------------------------------------------------------------------------------------------|-------------|
| REPLACED PARTS REQUESTED BY CUSTOMER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TOTAL PARTS |
|                                                                                                           | 99.44       |

|                        |  |
|------------------------|--|
| OUTSIDE-SUBLET REPAIRS |  |
|                        |  |

|                                        |                      |
|----------------------------------------|----------------------|
| INITIAL TO AUTHORIZE SUBLET REPAIRS    | TOTAL SUBLET REPAIRS |
| <input type="checkbox"/> GALS. GAS @   | =                    |
| <input type="checkbox"/> QTS. OIL @    | =                    |
| <input type="checkbox"/> LBS. GREASE @ | =                    |

|                               |    |
|-------------------------------|----|
| FOLLOWING REPAIRS RECOMMENDED |    |
| 1. MDP 20 lbs                 | 3. |
| 2.                            | 4. |

**WARRANTY:** FROM DATE OF DELIVERY FOR A PERIOD OF 4,000 MILES OR 90 DAYS, WHICHEVER COMES FIRST, THIS FIRM WILL REPAIR FREE OF CHARGE ANY DEFECTS IN MATERIAL AND WORKMANSHIP TO THE REPAIRS STATED ON THIS INVOICE. ALL WORK TO BE DONE IN THIS SHOP ONLY, THIS DOES NOT INCLUDE TOWING OR CUSTOMER SUPPLIED PARTS.

**STORAGE FEE:** \$ PER DAY WILL BE CHARGED 24 HOURS AFTER NOTIFICATION OF WORK COMPLETED

**PAYMENT:** ☐ CASH ☐ CHECK ☐ CHARGE ☐ DEBIT CARD ☐ CREDIT CARD

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |      |                       |                                                                                |                          |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|-----------------------|--------------------------------------------------------------------------------|--------------------------|--------|
| ORIGINAL ESTIMATE \$ 250.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE 5/1 | TIME | PHONE# • FAX# • EMAIL | <input type="checkbox"/> BY PHONE <input checked="" type="checkbox"/> BY EMAIL | TOTAL LABOR              | 120.00 |
| THEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH THE NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES MAY OPERATE ABOVE VEHICLE FOR PURPOSES OF TESTING, INSPECTION OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THEREON. YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT, DYNAMOMETER TESTING OR ANY OTHER CAUSE BEYOND YOUR CONTROL. IN THE EVENT LEGAL ACTION IS NECESSARY TO ENFORCE THIS CONTRACT, I UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR ALL COSTS (NOT INCLUDING ATTORNEY'S FEES AND COURT COSTS). I HAVE READ AND UNDERSTAND THE ABOVE AND ACKNOWLEDGE RECEIPT OF AN ESTIMATE. SMOG CHECK CUSTOMERS: BY LAW YOU MAY CHOOSE ANOTHER SMOG CHECK STATION TO PERFORM ANY REPAIRS, INSTALLATIONS, ADJUSTMENTS OR SUBSEQUENT TESTS. |          |      |                       |                                                                                | TOTAL PARTS              | 99.44  |
| REASON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |      |                       |                                                                                | GAS, OIL, GREASE         |        |
| I ACKNOWLEDGE NOTICE AND APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE. AUTH. BY REC'D BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |      |                       |                                                                                | HAZARDOUS WASTE DISPOSAL | 3.00   |
| REVISED ESTIMATE \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |      |                       |                                                                                | SUBLET REPAIRS           |        |
| REASON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |      |                       |                                                                                | SMOG CERTIFICATE         |        |
| I ACKNOWLEDGE NOTICE AND APPROVAL OF AN INCREASE IN THE REVISED ESTIMATED PRICE. AUTH. BY REC'D BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |      |                       |                                                                                | SUBTOTAL                 | 202.44 |
| TAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |      |                       |                                                                                |                          | 7.71   |
| PLEASE PAY THIS AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |      |                       |                                                                                |                          | 210.15 |

INTEREST WILL BE CHARGED AT A RATE OF 1% PER MONTH ON ACCOUNTS OVER 30 DAYS

TERMS ARE CASH UNLESS PRIOR ARRANGEMENTS ARE MADE  
SEE IMPORTANT INFORMATION ON BACK

THANK YOU



# FINA VOLVO SERVICE

1600 KITCHNER ROAD SUITE F  
SACRAMENTO CA 95822

(916) 393-2340

07022009

www.finavolvo.repair.bz

www.finaimech@sbcglobal.net

Auto Repair License: B.A.R.#ARD-124954

INVOICE: 102766 7/14/2009

1967 Chevrolet Corvette License: 5FEF555 Odometer: 79413

## Service

Labor performed on this job:

Labor Hours 1 Labor Rate \$110.00 \$110.00

Change oil and filter. Check all fluids. Check anti-freeze.  
Lube and checked hoses and belts .Added transmission  
fluid. Checked diff fluid. Repaired front right bearing hub cap.

1

Parts required on this job:

PF141 1 \$11.81 \$11.81

Oil Filter

133HAZ 5 \$0.20 \$1.00

Haz Mat Fee

133 5 \$4.50 \$22.50

Valvoline 10W/30 All Climate

SL2473 1.5 \$5.10 \$7.65

Gear Oil

Parts: \$42.96

Labor: \$110.00

Job Subtotal: \$152.96

## Replace Dip Stick Tube

Labor performed on this job:

Labor Hours 1 Labor Rate \$110.00 \$110.00

Removed broken dip stick tube and replaced with new.

1

Parts: \$0.00

Labor: \$110.00

Job Subtotal: \$110.00

X \_\_\_\_\_ I, the registered owner, hereby  
authorize the above repair work to be done along with the necessary material and hereby grant you and/or  
your employees permission to operate this vehicle on street, highways or elsewhere for the purpose of  
testing and/or inspection. I agree to pay reasonable storage on vehicles left more than 48 hours after  
notification of completion of repairs. At a rate of \$25.00 per day. An express mechanic's lien is hereby  
acknowledged on this vehicle to secure the amount of repairs, storage, and any legal fees thereto. I agree  
to pay costs of any attorney of collection fees. Payment is due at completion of work. Any returned check  
is subject to a 50.00 charge. All past due accounts are subject to a 1.5% monthly late fee.  
Fina Volvo Service is not responsible for loss or damage to vehicles or articles left in vehicles in the case of  
fire, theft, vandalism, collision or any other cause beyond our control.

## Invoice Summary

Parts: \$42.96

Labor: \$220.00

Subtotal: \$262.96

Tax: \$3.67

Total: \$266.63

Paid in full: check # 1230





# FINA VOLVO SERVICE

1600 KITCHNER ROAD SUITE F  
SACRAMENTO CA 95822

(916) 393-2340

08312009

www.finavolvo.repair.bz

www.finaimech@sbcglobal.net

INVOICE: 102841 9/4/2009

Auto Repair License: B.A.R.#ARD-124954

1967 Chevrolet Corvette License: 5FEF555 Odometer: 79413

## Exhaust - Mufflers, Rear

Labor performed on this job:

Labor Hours 1 Labor Rate \$110.00 \$110.00

Replace both rearmufflers with tips.

169

Parts required on this job:

Shipping 1 \$32.50 \$32.50

Shipping

322361 1 \$139.10 \$139.10

Rear Muffler Pair

322195 1 \$44.15 \$44.15

Tips

Parts: \$215.75

Labor: \$110.00

Job Subtotal: \$325.75

## Invoice Summary

Parts: \$215.75

Labor: \$110.00

Subtotal: \$325.75

Tax: \$16.03

Total: \$341.78

Paid in full: check # 1247

X \_\_\_\_\_ I, the registered owner, hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate this vehicle on street, highways or elsewhere for the purpose of testing and/or inspection. I agree to pay reasonable storage on vehicles left more than 48 hours after notification of completion of repairs. At a rate of \$25.00 per day. An express mechanic's lien is hereby acknowledged on this vehicle to secure the amount of repairs, storage, and any legal fees thereto. I agree to pay costs of any attorney of collection fees. Payment is due at completion of work. Any returned check is subject to a 50.00 charge. All past due accounts are subject to a 1.5% monthly late fee. Fina Volvo Service is not responsible for loss or damage to vehicles or articles left in vehicles in the case of fire, theft, vandalism, collision or any other cause beyond our control.





## FINA VOLVO SERVICE

1600 KITCHNER ROAD SUITE F  
SACRAMENTO CA 95822

(916) 393-2340

11082010

www.finavolvo.repair.bz

www.finamech@sbcglobal.net

INVOICE: 103429 11/15/2010

Auto Repair License: B.A.R.#ARD-124954

1967 Chevrolet Corvette License: 5FEF555 Odometer: 79413

### Change oil service.

Labor performed on this job:

Labor Hours: 0.4 Labor Rate: \$110.00 \$44.00

Changed oil and filter, Lubed and checked all fluids.  
Checked brakes, Checked hoses and belts.

1

Parts required on this job:

85143HAZ 1 \$0.50 \$0.50

Haz Mat Fee

85143 1 \$11.74 \$11.74

Oil Filter

129HAZ 5 \$0.50 \$2.50

Haz Mat Fee

129 5 \$4.89 \$24.45

10/40 Valvoline Oil

Parts: \$39.19

Labor: \$44.00

Job Subtotal: \$83.19

### Invoice Summary

Parts: \$39.19

Labor: \$44.00

Subtotal: \$83.19

Tax: \$3.17

Total: \$86.36

Paid in full: check # 1432

X \_\_\_\_\_ I, the registered owner, hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate this vehicle on street, highways or elsewhere for the purpose of testing and/or inspection. I agree to pay reasonable storage on vehicles left more than 48 hours after notification of completion of repairs. At a rate of \$25.00 per day. An express mechanic's lien is hereby acknowledged on this vehicle to secure the amount of repairs, storage, and any legal fees thereto. I agree to pay costs of any attorney of collection fees. Payment is due at completion of work. Any returned check is subject to a 50.00 charge. All past due accounts are subject to a 1.5% monthly late fee. Fina Volvo Service is not responsible for loss or damage to vehicles or articles left in vehicles in the case of fire, theft, vandalism, collision or any other cause beyond our control.



# KUNI

BUICK GMC *Cadillac* SAAB CHEVROLET

2341 FULTON AVE. SACRAMENTO, CA 95825

| CUST. NO. | TAX EXEMPT NUMBER | CUST. P. O. NO. | SHIP VIA | PAY                                 | SOLD BY | INVOICE DATE | INVOICE       |
|-----------|-------------------|-----------------|----------|-------------------------------------|---------|--------------|---------------|
| 112435    |                   |                 |          | PENDING JAMES COX<br><i>CL#1517</i> |         | 04/13/11     | 218893<br>CDR |

B  
I  
L  
L  
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H  
I  
P  
T  
O

**PAID**

APR 13 2011

BY: \_\_\_\_\_

| QUANTITY |       | PART NUMBER / DESCRIPTION                                     | BIN    | LIST  | NET   | AMOUNT |
|----------|-------|---------------------------------------------------------------|--------|-------|-------|--------|
| SHIP     | B. O. |                                                               |        |       |       |        |
| 1        | 0     | 20348200 HDLE/WDO 10.797 CPOBK<br>SHIPPED 0 SPECIAL ORDERED 1 | SP-ORD | 44.60 | 44.60 | 44.60  |

ALL NEW GM PARTS HAVE A LIMITED WARRANTY FOR 12 MONTHS OR 12,000 MILES FROM THE DATE OF PURCHASE WHICHEVER OCCURS FIRST. ALL MERCHANDISE RETURNED SUBJECT TO 10% HANDLING CHARGE. PARTS NOT RETURNABLE AFTER 15 DAYS. NO REFUNDS ON SPECIAL ORDERS OR ELECTRICAL PARTS.

NO REFUNDS ON  
SPECIAL ORDERS OR  
ELECTRICAL PARTS



+

*Mr. Goodwrench*

RECVD BY \_\_\_\_\_

SUBTOTAL

44.60

TAX

3.90

FREIGHT

0.00

PAY THIS AMOUNT

48.50

The Reynolds and Reynolds Company EPANETTEC 8/2002/0 00410



# ULTRA CONCEPTS AUTOMOTIVE

011456

6260 Belleau Wood Lane, Ste. #8 • Sacramento, CA 95822

Phone (916) 427-7165

BAR No. AG 133996 • EPA No. CAL 000037915

## REPAIR INVOICE

| ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE                  |                        |        |
|-------------------------------------------------------------------------|------------------------|--------|
| * CODE = N-NEW U-USED R-REBUILT O-OEM A-AFTERMARKET C-CUSTOMER SUPPLIED |                        |        |
| QTY                                                                     | PART NO. & DESCRIPTION | AMOUNT |
| 1                                                                       | oil filter             | 7.00   |
| 1                                                                       | oil                    | 18.00  |
| 1                                                                       | oil pan gasket         | 14.49  |
| TOTAL                                                                   |                        | 39.49  |

|                                                          |  |              |            |
|----------------------------------------------------------|--|--------------|------------|
| NAME                                                     |  | DATE 11/3/11 |            |
| ADDRESS                                                  |  |              |            |
| CITY                                                     |  | STATE        | ZIP        |
| PHONE                                                    |  | TIME REC'D   | TIME PROM. |
| <input type="checkbox"/> H<br><input type="checkbox"/> W |  | LIC PLATE #  |            |
| PH. WHEN READY (WRITTEN BY)                              |  | MILEAGE      | G.V.W.R.   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |  | MOTOR #      | CUST. PO#  |
| YR / MAKE / MODEL                                        |  | V.I.N.       |            |
| OPR. #                                                   |  |              |            |

| REPAIR ORDER • DESCRIPTION OF LABOR                 |  |
|-----------------------------------------------------|--|
| 1. OIL CHANGE<br>2. OIL FILTER<br>3. OIL PAN GASKET |  |
| 4. TIRE PRESSURE INSPECTION                         |  |
| 5. TIRE ROTATION                                    |  |
| 6. TIRE ALIGNMENT                                   |  |
| 7. TIRE BALANCE                                     |  |
| 8. TIRE REPLACEMENT                                 |  |
| 9. TIRE REPAIR                                      |  |
| 10. TIRE STORAGE                                    |  |
| 11. TIRE DISPOSAL                                   |  |
| 12. TIRE REPAIR KIT                                 |  |
| 13. TIRE REPAIR KIT                                 |  |
| 14. TIRE REPAIR KIT                                 |  |
| 15. TIRE REPAIR KIT                                 |  |
| 16. TIRE REPAIR KIT                                 |  |
| 17. TIRE REPAIR KIT                                 |  |
| 18. TIRE REPAIR KIT                                 |  |
| 19. TIRE REPAIR KIT                                 |  |
| 20. TIRE REPAIR KIT                                 |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Tire Pressure Inspection Performed: LF RF LR RR (or) <input type="checkbox"/> Tire Pressure Declined, Reason:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                          |
| ORIGINAL<br>ESTIMATE \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE TIME PHONE# • FAX# • EMAIL<br><input type="checkbox"/> BY PHONE <input type="checkbox"/> EMAIL<br><input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX                   |
| I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH THE NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES MAY OPERATE ABOVE VEHICLE FOR PURPOSES OF TESTING, INSPECTION OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THEREFOR. YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT, DYNAMOMETER TESTING OR ANY OTHER CAUSE BEYOND YOUR CONTROL. IN THE EVENT LEGAL ACTION IS NECESSARY TO ENFORCE THIS CONTRACT, I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR ALL COSTS INCLUDING ATTORNEY'S FEES AND COURT COSTS. I HAVE READ AND UNDERSTAND THE ABOVE AND ACKNOWLEDGE RECEIPT OF AN ESTIMATE. SMOG CHECK CUSTOMERS: BY LAW YOU MAY CHOOSE ANOTHER SMOG CHECK STATION TO PERFORM ANY REPAIRS, INSTALLATIONS, ADJUSTMENTS OR SUBSEQUENT TESTS. |                                                                                                                                                                                          |
| X<br>REVISED<br>ESTIMATE \$<br>REASON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE TIME PHONE# • FAX# • EMAIL<br><input type="checkbox"/> BY PHONE <input type="checkbox"/> EMAIL<br><input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX<br>ADD'L COSTS \$ |
| I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE. AUTH. BY REC'D BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                          |
| X<br>REVISED<br>ESTIMATE \$<br>REASON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE TIME PHONE# • FAX# • EMAIL<br><input type="checkbox"/> BY PHONE <input type="checkbox"/> EMAIL<br><input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX<br>ADD'L COSTS \$ |
| I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE REVISED ESTIMATED PRICE. AUTH. BY REC'D BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                          |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                          |

|                                                                                                                                                                                                                                                                                                                    |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| REPLACED PARTS REQUESTED BY CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL PARTS 39.49                                                                                                                                                                                                   |                         |
| OUTSIDE-SUBLET REPAIRS                                                                                                                                                                                                                                                                                             |                         |
| INITIAL TO AUTHORIZE SUBLET REPAIRS TOTAL SUBLET REPAIRS                                                                                                                                                                                                                                                           |                         |
| <input type="checkbox"/> GALS. GAS @                                                                                                                                                                                                                                                                               | TOTAL GAS, OIL & GREASE |
| <input type="checkbox"/> QTS. OIL @                                                                                                                                                                                                                                                                                |                         |
| <input type="checkbox"/> LBS. GREASE @                                                                                                                                                                                                                                                                             |                         |
| FOLLOWING REPAIRS RECOMMENDED                                                                                                                                                                                                                                                                                      |                         |
| 1.                                                                                                                                                                                                                                                                                                                 | 3.                      |
| 2.                                                                                                                                                                                                                                                                                                                 | 4.                      |
| WARRANTY: FROM DATE OF DELIVERY FOR A PERIOD OF 4,000 MILES OR 90 DAYS, WHICHEVER COMES FIRST, THIS FIRM WILL REPAIR FREE OF CHARGE ANY DEFECTS IN MATERIAL AND WORKMANSHIP TO THE REPAIRS STATED ON THIS INVOICE. ALL WORK TO BE DONE IN THIS SHOP ONLY. THIS DOES NOT INCLUDE TOWING OR CUSTOMER SUPPLIED PARTS. |                         |
| STORAGE FEE: \$ PER DAY WILL BE CHARGED 24 HOURS AFTER NOTIFICATION OF WORK COMPLETED                                                                                                                                                                                                                              |                         |
| PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> DEBIT CARD <input type="checkbox"/> CREDIT CARD                                                                                                                                     |                         |
| INTEREST WILL BE CHARGED AT A RATE OF 15% PER MONTH ON ACCOUNTS OVER 30 DAYS                                                                                                                                                                                                                                       |                         |

|                          |       |
|--------------------------|-------|
| TOTAL LABOR              |       |
| TOTAL PARTS              | 39.49 |
| GAS, OIL, GREASE         |       |
| HAZARDOUS WASTE DISPOSAL |       |
| SUBLET REPAIRS           |       |
| SMOG CERTIFICATE         |       |
| SUBTOTAL                 | 39.49 |
| TAX                      | 3.06  |
| PLEASE PAY THIS AMOUNT   | 42.55 |

TERMS ARE CASH UNLESS PRIOR ARRANGEMENTS ARE MADE  
SEE IMPORTANT INFORMATION ON BACK

THANK YOU



|          |                  |              |            |
|----------|------------------|--------------|------------|
| NAME     |                  | [REDACTED]   |            |
| ADDRESS  |                  | [REDACTED]   |            |
| CITY     | STATE            | PHONE - HOME |            |
| YEAR     | MAKE             | MODEL        | PI         |
| 67       | Chevy            | Corvette     | [REDACTED] |
| LICENSE  | VEHICLE I.D. NO. |              |            |
| 5 FEF555 |                  |              |            |
| ODOMETER |                  |              |            |
| 81288    |                  |              |            |

**Complete Auto Repairs - Brake Service**  
**24th Street Garage**  
 2740 24th Street - (916) 456-9812  
 Sacramento, CA 95818  
 B.A.R. AC171616 - E.P.A. CAL000034712

I hereby authorize the repair work listed hereon, including  
 and your employees may operate the described vehicle  
 purposes of testing, inspection or delivery at my risk.  
 An express lien is acknowledged on said vehicle to secure  
 amount of repairs thereto. You will not be held responsible  
 for loss or damage to vehicle or articles left in vehicle in case  
 of fire, theft, accident or any cause beyond your control.

X Authorized by

Date

DATE

ESTIMATE OF REPAIRS \$

Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization.

|                     |                                                                        |                    |      |      |
|---------------------|------------------------------------------------------------------------|--------------------|------|------|
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ | Date | Time |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # |                    |      |      |
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ | Date | Time |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # |                    |      |      |
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ | Date | Time |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # |                    |      |      |

| QTY. | NUMBER / DESCRIPTION                                                                                                                                                                                                                                                                                                                                                    | AMOUNT | OPER. # | REPAIR ORDER INSTRUCTIONS | SERVICE CHARGE |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|---------------------------|----------------|
| 1    | 1143 Oil Filter                                                                                                                                                                                                                                                                                                                                                         | 7.89   |         |                           |                |
| 5    | 943 10W-30                                                                                                                                                                                                                                                                                                                                                              | 16.25  |         |                           |                |
|      | ALL PARTS INSTALLED<br>ARE NEW UNLESS<br>SPECIFIED OTHERWISE                                                                                                                                                                                                                                                                                                            | 24.14  |         |                           |                |
|      | WARRANTY: Parts and labor warranted for 4,000<br>miles or 90 days whichever comes first, unless<br>specified otherwise. This warranty is limited to the<br>work mentioned on this form only and is not<br>transferable. Vehicle must be returned to our shop,<br>at customer's expense to honor warranty.<br>WARRANTY IS VOID IN CASE<br>OF MISUSE AND / OR NEGLIGENCE. |        |         |                           |                |
|      | Recommended Repairs<br>Battery Check and                                                                                                                                                                                                                                                                                                                                |        |         |                           |                |
|      | TOTAL                                                                                                                                                                                                                                                                                                                                                                   |        |         |                           |                |

Service

Lybe Front End  
Charged Oil & Filter  
Checked All Fluid Levels

15.00

1206

| TIRE CHECK / INFLATION SERVICE PERFORMED                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                      | TOTAL SERVICE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Right Front Tire: 34 PSI                                                                                                                                                                                                                                                                                                       | Right Rear Tire: 34 PSI                                                                                                                                                              | 15.00         |
| Left Front Tire: 34 PSI                                                                                                                                                                                                                                                                                                        | Left Rear Tire: 34 PSI                                                                                                                                                               | 24.14         |
| TIRE CHECK / INFLATION SERVICE NOT PERFORMED for one of the following reasons:                                                                                                                                                                                                                                                 |                                                                                                                                                                                      | SUBTOTAL      |
| <input type="checkbox"/> Your vehicle has a gross vehicle weight rating (GVWR) over 10,000 lbs.                                                                                                                                                                                                                                | <input type="checkbox"/> We have determined that the tires on your vehicle are unsafe.                                                                                               | 3.50          |
| <input type="checkbox"/> You declined to have your tires checked and inflated because you stated that either you have had a tire check and inflation service performed on your vehicle within the past 30 days or that you intend to have a tire check and inflation service performed on your vehicle within the next 7 days. | <input type="checkbox"/> The tires on your vehicle are filled with nitrogen, we do not have a nitrogen inflation system, and you refused to allow us to inflate your tires with air. |               |
| Date                                                                                                                                                                                                                                                                                                                           | Customer Signature                                                                                                                                                                   | TOTAL AMOUNT  |
|                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                      | 44.50         |



I hereby authorize the repair work listed hereon, including sublet work, to be done along with the necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any cause beyond your control.

DATE \_\_\_\_\_

## ESTIMATE OF REPAIRS \$

Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization.

|                     |                                                                        |                    |      |
|---------------------|------------------------------------------------------------------------|--------------------|------|
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ |      |
| Authorized by       | <input type="checkbox"/> in Person<br><input type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ |      |
| Authorized by       | <input type="checkbox"/> in Person<br><input type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ |      |
| Authorized by       | <input type="checkbox"/> in Person<br><input type="checkbox"/> Phone # | Date               | Time |

| QTY. | NUMBER / DESCRIPTION                                                                                                                                                                                                                                                                                                                                     | AMOUNT | OPER. # | REPAIR ORDER INSTRUCTIONS                  | SERVICE CHARGE |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------------------------------------------|----------------|
| 1    | 24P Battery                                                                                                                                                                                                                                                                                                                                              | 89.98  |         |                                            |                |
| 1    | 1-007057 Warranty                                                                                                                                                                                                                                                                                                                                        | 12.95  |         |                                            |                |
|      | ALL PARTS INSTALLED<br>ARE NEW UNLESS<br>SPECIFIED OTHERWISE                                                                                                                                                                                                                                                                                             | 102.93 |         | B.I. Battery<br>Cleaned battery cable ends | \$ 20.00       |
|      | WARRANTY: Parts and labor warranted for 4,000 miles or 90 days whichever comes first, unless specified otherwise. This warranty is limited to the work mentioned on this form only and is not transferable. Vehicle must be returned to our shop at customer's expense to honor warranty.<br><b>WARRANTY IS VOID IN CASE OF MISUSE AND / OR NEGLECT.</b> |        |         |                                            |                |
|      | Recommended Repairs                                                                                                                                                                                                                                                                                                                                      |        |         |                                            |                |
|      | TOTAL                                                                                                                                                                                                                                                                                                                                                    |        |         |                                            |                |

**TIRE CHECK / INFLATION SERVICE PERFORMED**

Right Front Tire:  PSI      Right Rear Tire:  PSI  
Left Front Tire:  PSI      Left Rear Tire:  PSI

**TIRE CHECK / INFLATION SERVICE NOT PERFORMED for one of the following reasons:**

☐ Your vehicle has a gross vehicle weight rating (GVWR) over 10,000 lbs.      ☐ We have determined that the tires on your vehicle are unsafe.

☐ You declined to have your tires checked and inflated because you stated that either you have had a tire check and inflation service performed on your vehicle within the past 30 days or that you intend to have a tire check and inflation service performed on your vehicle within the next 7 days.      ☐ The tires on your vehicle are filled with nitrogen, we do not have a nitrogen inflation system, and you refused to allow us to inflate your tires with air.

Date \_\_\_\_\_ Customer Signature \_\_\_\_\_

|                              |        |
|------------------------------|--------|
| TOTAL SERVICE                | 20.00  |
| PARTS                        | 102.93 |
| SUBLET                       |        |
| HAZARDOUS WASTE HANDLING FEE |        |
| SUBTOTAL                     | 122.93 |
| TAX                          | 7.98   |
| TOTAL AMOUNT                 | 130.91 |



|          |                  |          |              |  |
|----------|------------------|----------|--------------|--|
| CITY     |                  | STATE    | PHONE - HOME |  |
| YEAR     | MAKE             | MODEL    | PHONE - BUS. |  |
| 67       | Chevy            | Corvette |              |  |
| LICENSE  | VEHICLE I.D. NO. |          |              |  |
| 5FEF535  |                  |          |              |  |
| ODOMETER |                  |          |              |  |
| 81966    |                  |          |              |  |

**Complete Auto Repairs - Brake Service**  
**24th Street Garage**  
 2740 24th Street - (916) 456-9812  
 Sacramento, CA 95818  
 B.A.R. AC171616 - E.P.A. CAL000034712

I hereby authorize the repair work listed heron, including sublet work, to be done along with the necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any cause beyond your control.

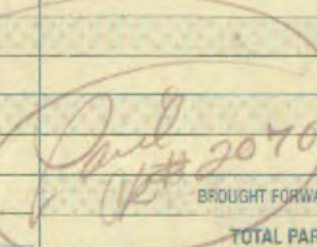
☒ Authorized by \_\_\_\_\_ Date \_\_\_\_\_

|                                                                                                                                                                      |                                                                        |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------|
| DATE 11-17-13                                                                                                                                                        |                                                                        |                    |
| ESTIMATE OF REPAIRS \$ 4500                                                                                                                                          |                                                                        |                    |
| Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization. |                                                                        |                    |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                 | Additional Cost \$ |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date Time          |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                 | Additional Cost \$ |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date Time          |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                 | Additional Cost \$ |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date Time          |

| QTY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER / DESCRIPTION | AMOUNT | OPER. # | REPAIR ORDER INSTRUCTIONS         | SERVICE CHARGE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------|---------|-----------------------------------|----------------|
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 973 10W-30           | 17.50  |         | Service                           |                |
| ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |        |         |                                   |                |
| WARRANTY: Parts and labor warranted for 4,000 miles or 90 days whichever comes first, unless specified otherwise. This warranty is limited to the work mentioned on this form only and is not transferable. Vehicle must be returned to our shop, at customer's expense to honor warranty.                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |        |         |                                   |                |
| WARRANTY IS VOID IN CASE OF MISUSE AND / OR NEGLECT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |        |         |                                   |                |
| <p align="center">NOTE</p> <p align="center">(Change Oil Filter)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |        |         |                                   |                |
| TIRE CHECK / INFLATION SERVICE PERFORMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |        |         | TOTAL SERVICE 20.00               |                |
| Right Front Tire: 32 PSI<br>Left Front Tire: 32 PSI<br>Right Rear Tire: 32 PSI<br>Left Rear Tire: 32 PSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |        |         | PARTS 17.50                       |                |
| TIRE CHECK / INFLATION SERVICE NOT PERFORMED for one of the following reasons:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |        |         | SUBLET                            |                |
| <input type="checkbox"/> Your vehicle has a gross vehicle weight rating (GVWR) over 10,000 lbs.<br><input type="checkbox"/> We have determined that the tires on your vehicle are unsafe.<br><input type="checkbox"/> You declined to have your tires checked and inflated because you stated that either you have had a tire check and inflation service performed on your vehicle within the past 30 days or that you intend to have a tire check and inflation service performed on your vehicle within the next 7 days.<br><input type="checkbox"/> The tires on your vehicle are filled with nitrogen, we do not have a nitrogen inflation system, and you refused to allow us to inflate your tires with air. |                      |        |         | HAZARDOUS WASTE HANDLING FEE 3.50 |                |
| Recommended Repairs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |        |         | SUBTOTAL                          |                |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |        |         | TAX                               |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |        |         | TOTAL AMOUNT 42.49                |                |



*James Vette Shoppe*

| MATERIAL USED                                                                      |               |                      |       |              |
|------------------------------------------------------------------------------------|---------------|----------------------|-------|--------------|
| ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED                |               |                      |       |              |
| QTY.                                                                               | PART NO.      | DESCRIPTION          | PRICE | WARRANTY Y/M |
|                                                                                    |               | <del>From PL</del>   |       |              |
|                                                                                    |               | From CH 200 PL       |       |              |
|                                                                                    |               | AC 141               |       |              |
|                                                                                    |               | Valvoline VR-1 10/30 |       |              |
|                                                                                    |               | Oil                  |       |              |
|                                                                                    |               | (2 INC. BOTTLE)      |       |              |
| OUTSIDE REPAIRS                                                                    |               |                      |       |              |
|  |               |                      |       |              |
| PARTS SAVED                                                                        |               | BROUGHT FORWARD      |       |              |
| RETURNED                                                                           |               | TOTAL PARTS          |       |              |
| QTY.                                                                               | ACCESSORY NO. | ACCESSORIES          | PRICE |              |
| TOTAL ACCESSORIES                                                                  |               |                      |       |              |

|                                                                                |                  |                      |                                                          |           |
|--------------------------------------------------------------------------------|------------------|----------------------|----------------------------------------------------------|-----------|
| NAME <span style="background-color: black; color: black;">[REDACTED]</span>    |                  |                      |                                                          |           |
| ADDRESS <span style="background-color: black; color: black;">[REDACTED]</span> |                  |                      |                                                          |           |
| 2ND AUTHORIZED NAME                                                            |                  |                      | PHONE                                                    |           |
| MAKE                                                                           | TYPE OR MODEL    | YEAR                 | RECEIVED (DATE & TIME)                                   | A.M. P.M. |
| <i>Chrysler</i>                                                                | <i>Vette</i>     | <i>67</i>            | <i>4-21-14</i>                                           |           |
| SERIAL #/VIN                                                                   | ENGINE NO.       | TERMS                | PROMISED (DATE & TIME)                                   | A.M. P.M. |
|                                                                                | <i>327</i>       |                      | <i>4-21-14</i>                                           |           |
| ODOMETER                                                                       | LICENSE NO.      | PHONE WHEN READY     | <input type="checkbox"/> YES <input type="checkbox"/> NO |           |
| <i>82,412</i>                                                                  |                  |                      |                                                          |           |
| MVS                                                                            | ORDER WRITTEN BY | CUSTOMER'S ORDER NO. |                                                          |           |
|                                                                                | <i>Doc</i>       |                      |                                                          |           |

| DSS                     | ISJ                      | LABOR CHARGE |
|-------------------------|--------------------------|--------------|
| LUBRICATION             | <input type="checkbox"/> |              |
| CHANGE OIL              | <input type="checkbox"/> |              |
| CHANGE OIL FILTER CART. | <input type="checkbox"/> |              |
| CHANGE TRANS.           | <input type="checkbox"/> |              |
| CHANGE DIFF.            | <input type="checkbox"/> |              |
| PACK FRONT WHEEL BRGS   | <input type="checkbox"/> |              |
| ADJUST BRAKES           | <input type="checkbox"/> |              |
| ROTATE TIRES            | <input type="checkbox"/> |              |
| WASH POLISH             | <input type="checkbox"/> |              |
| STATE INSPECTION        | <input type="checkbox"/> |              |

| OPER. NO.                                     | INSTRUCTIONS                                                                                                                                                                                                                                                        |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                               | <p>CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL*</p> <p><i>Check for engine oil leaks - front of engine</i><br/> <i>tighten valve covers, oil pan, timing cover</i><br/> <i>intake manifold, clean off engine</i></p> <p style="text-align: right;"><i>40.00</i></p> |
| Estimated cost \$ _____ Estimate Charge _____ |                                                                                                                                                                                                                                                                     |
| Basis for Charge _____                        |                                                                                                                                                                                                                                                                     |

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:

I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in Maryland)

☐ I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.

☐ I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ \_\_\_\_\_. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

☐ I DO NOT REQUEST A WRITTEN ESTIMATE.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by indicating the following: \_\_\_\_\_ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not reasons for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cannot repair prior to their completion for any reason, a tear-down and reassembly fee of \$ \_\_\_\_\_ will be applied.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

\*Checked lines apply (Preparer must check at least one):

- ☐ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.
- ☐ This amount includes a charge of \$ \_\_\_\_\_, which is required under law.

|                                       |                                                                |
|---------------------------------------|----------------------------------------------------------------|
| METHOD OF PAYMENT:                    |                                                                |
| <input type="checkbox"/> CASH         | <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE |
| LABOR                                 |                                                                |
| <input type="checkbox"/> FLAT RATE    | <input type="checkbox"/> HOURLY <input type="checkbox"/> BOTH  |
| <input type="checkbox"/> RETAIN PARTS | <input type="checkbox"/> DESTROY PARTS                         |

| GAS, OIL, & GREASE       | PRICE |
|--------------------------|-------|
| GALS. GAS @              |       |
| QTS. OIL @               |       |
| LBS. GREASE @            |       |
| TOTAL GAS, OIL, & GREASE |       |

|                                                                                                                                                                                                |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Daily storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification. | \$ _____ |
| GUARANTEED ITEM(S):                                                                                                                                                                            |          |
| GUARANTEE EFFECTIVE UNTIL:                                                                                                                                                                     |          |
| TIME                                                                                                                                                                                           |          |
| MILEAGE                                                                                                                                                                                        |          |

|                          |              |
|--------------------------|--------------|
| TOTAL LABOR              | <i>40.00</i> |
| TOTAL PARTS              |              |
| ACCESSORIES              |              |
| GAS, OIL, & GREASE       |              |
| OUTSIDE REPAIRS          |              |
| STORAGE FEE (if applies) |              |
| TAX                      |              |
| TOTAL AMOUNT             | <i>40.00</i> |



|          |                     |          |  |              |  |  |  |
|----------|---------------------|----------|--|--------------|--|--|--|
| NAME     |                     |          |  |              |  |  |  |
| ADDRESS  |                     |          |  |              |  |  |  |
| CITY     |                     | STATE    |  | PHONE - HOME |  |  |  |
| YEAR     | MAKE                | MODEL    |  | PHONE - BUS. |  |  |  |
| 67       | Chevy               | Corvette |  |              |  |  |  |
| LICENSE  | VEHICLE<br>I.D. NO. |          |  |              |  |  |  |
| SFEF535  |                     |          |  |              |  |  |  |
| ODOMETER |                     |          |  |              |  |  |  |
| 82624    |                     |          |  |              |  |  |  |

**Complete Auto Repairs - Brake Service**  
**24th Street Garage**

2740 24th Street - (916) 456-9812  
Sacramento, CA 95818

B.A.R. AC171616 - E.P.A. CA1000034712

I hereby authorize the repair work listed herein, including sublet work, to be done along with the necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any cause beyond your control.

X Authorized  
by \_\_\_\_\_

DATE 10-14-14

**ESTIMATE OF REPAIRS \$ 475.00**

Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization.

|                     |                                                                                   |                    |      |
|---------------------|-----------------------------------------------------------------------------------|--------------------|------|
| Revised Estimate \$ | Reason                                                                            | Additional Cost \$ |      |
| Authorized by       | <input type="checkbox"/> In Person<br><input checked="" type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$ | Reason                                                                            | Additional Cost \$ |      |
| Authorized by       | <input type="checkbox"/> In Person<br><input checked="" type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$ | Reason                                                                            | Additional Cost \$ |      |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone #            | Date               | Time |

| QTY. | NUMBER / DESCRIPTION                                                                                                                                                                                                                                                                                     | AMOUNT | OPER. # | REPAIR ORDER INSTRUCTIONS                                                                                                                                                                                                                                                                                                      | SERVICE CHARGE |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 3    | 943 10w-30                                                                                                                                                                                                                                                                                               | 17.50  |         | Service                                                                                                                                                                                                                                                                                                                        |                |
|      | ALL PARTS INSTALLED<br>ARE NEW UNLESS<br>SPECIFIED OTHERWISE                                                                                                                                                                                                                                             |        |         | Lube Front End<br>Changed Oil & Filter<br>Checked All Fluid Levels<br>Installed Wiper Blades                                                                                                                                                                                                                                   | 25.00          |
|      | WARRANTY: Parts and labor warranted for 4,000<br>miles or 90 days whichever comes first, unless<br>specified otherwise. This warranty is limited to the<br>work mentioned on this form only and is not<br>transferable. Vehicle must be returned to our shop<br>at customer's expense to honor warranty. |        |         |                                                                                                                                                                                                                                                                                                                                |                |
|      | WARRANTY IS VOID IN CASE<br>OF MISUSE AND / OR NEGLECT.                                                                                                                                                                                                                                                  |        |         |                                                                                                                                                                                                                                                                                                                                |                |
|      | Recommended Repairs                                                                                                                                                                                                                                                                                      |        |         |                                                                                                                                                                                                                                                                                                                                |                |
|      | TOTAL                                                                                                                                                                                                                                                                                                    |        |         |                                                                                                                                                                                                                                                                                                                                |                |
|      |                                                                                                                                                                                                                                                                                                          |        |         | TIRE CHECK / INFLATION SERVICE PERFORMED                                                                                                                                                                                                                                                                                       |                |
|      |                                                                                                                                                                                                                                                                                                          |        |         | Right Front Tire: <input type="text"/> PSI Right Rear Tire: <input type="text"/> PSI                                                                                                                                                                                                                                           |                |
|      |                                                                                                                                                                                                                                                                                                          |        |         | Left Front Tire: <input type="text"/> PSI Left Rear Tire: <input type="text"/> PSI                                                                                                                                                                                                                                             |                |
|      |                                                                                                                                                                                                                                                                                                          |        |         | TIRE CHECK / INFLATION SERVICE NOT PERFORMED for one of the following reasons:                                                                                                                                                                                                                                                 |                |
|      |                                                                                                                                                                                                                                                                                                          |        |         | <input type="checkbox"/> Your vehicle has a gross vehicle weight rating (GVWR) over 10,000 lbs.                                                                                                                                                                                                                                |                |
|      |                                                                                                                                                                                                                                                                                                          |        |         | <input type="checkbox"/> We have determined that the tires on your vehicle are unsafe.                                                                                                                                                                                                                                         |                |
|      |                                                                                                                                                                                                                                                                                                          |        |         | <input type="checkbox"/> You declined to have your tires checked and inflated because you stated that either you have had a tire check and inflation service performed on your vehicle within the past 30 days or that you intend to have a tire check and inflation service performed on your vehicle within the next 7 days. |                |
|      |                                                                                                                                                                                                                                                                                                          |        |         | <input type="checkbox"/> The tires on your vehicle are filled with nitrogen, we do not have a nitrogen inflation system, and you refused to allow us to inflate your tires with air.                                                                                                                                           |                |
|      |                                                                                                                                                                                                                                                                                                          |        |         | Date _____ Customer Signature _____                                                                                                                                                                                                                                                                                            |                |
|      |                                                                                                                                                                                                                                                                                                          |        |         | TOTAL SERVICE                                                                                                                                                                                                                                                                                                                  | 25.00          |
|      |                                                                                                                                                                                                                                                                                                          |        |         | PARTS                                                                                                                                                                                                                                                                                                                          | 17.50          |
|      |                                                                                                                                                                                                                                                                                                          |        |         | SUBLET                                                                                                                                                                                                                                                                                                                         |                |
|      |                                                                                                                                                                                                                                                                                                          |        |         | FLUIDS/OILS/WASH<br>HANDLING FEE                                                                                                                                                                                                                                                                                               | 3.50           |
|      |                                                                                                                                                                                                                                                                                                          |        |         | SUBTOTAL                                                                                                                                                                                                                                                                                                                       |                |
|      |                                                                                                                                                                                                                                                                                                          |        |         | TAX                                                                                                                                                                                                                                                                                                                            | 1.49           |
|      |                                                                                                                                                                                                                                                                                                          |        |         | TOTAL AMOUNT                                                                                                                                                                                                                                                                                                                   | 47.49          |





# WARREN BRAKE & SUSPENSION

Ex-G12 Mechanic for 20+ years!

Larry Warren-Owner

2000 16th & T STREET. SACRAMENTO. CA 95818 BUS. NO. (916) 492-8953 / FAX NO. (916) 492-8923

## ESTIMATE or WORK ORDER

B.A.R. REG. NO. AF228126, EPA NO. CAL000344909

Business Hours: 7:30 am - 5:30 pm Monday-Friday Only! DATE: 1-30-15

|                                                         |  |                      |              |                             |
|---------------------------------------------------------|--|----------------------|--------------|-----------------------------|
| [REDACTED]                                              |  | SPEEDOMETER<br>82755 |              | TIME PROMISED<br>2:00 am/pm |
| ADDRESS                                                 |  | YEAR<br>67           | MAKE<br>CHEV | MODEL<br>CORVET             |
| CITY                                                    |  | STATE                | ZIP          | LICENSE PLATE<br>SFEF555    |
| ESTIMATE OF REPAIR                                      |  | DESCRIPTION OF WORK  |              | PARTS                       |
| This estimate may include a \$5.50 Hazardous Waste Fee. |  |                      |              | LABOR                       |
|                                                         |  |                      |              | COST                        |
| Item no. Write down car problems below:                 |  |                      |              | \$ . \$ .                   |
|                                                         |  | Mount & BAL FOUR     |              | 12000                       |
|                                                         |  | & ALICE MOUNT        |              | .                           |
|                                                         |  | HAC WASTE FEE 5.50   |              | 2000                        |
|                                                         |  |                      |              | .                           |
|                                                         |  |                      |              | .                           |
|                                                         |  | RTR UNDER REPAIR     |              | .                           |
|                                                         |  | PLAT.                |              | .                           |
|                                                         |  |                      |              | .                           |
|                                                         |  |                      |              | .                           |
|                                                         |  |                      |              | .                           |
| ESTIMATED AMOUNT: \$ 140.00                             |  | Sub-Total =          |              | .                           |
| PLEASE...<br>NO<br>PERSONAL CHECK                       |  | LABOR                |              | 140.00                      |
|                                                         |  | PARTS                |              | 0                           |
|                                                         |  | TAX                  |              |                             |
|                                                         |  | TOTAL                |              | 140.00                      |

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing. inspection of delivery at my risk. Storage will be charged 48 hours after notice to me that repairs have been completed. It you are forced to take any action for collection of any balance owing by me to you by lawsuit or otherwise. I further agree to pay interest on the amount owing until paid. also collection costs. including a reasonable attorney's fee, and I hereby waive all rights to claim exemption under State law. The provisions herein set forth shall become part of any independent agreement for payment made between us in connection with the work authorized by this order. It is understood that this company assumes no responsibility for loss or damage by theft or fire to vehicles placed with them for storage, sale, repair or while road testing. PARTS INSTALLED ARE NOT WARRANTED BEYOND THAT GIVEN BY RESPECTIVE MANUFACTURERS. NO OTHER WARRANTIES MADE.

**YOUR SIGNATURE IS REQUIRED BELOW TO WORK & RELEASE YOUR CAR!**

**DESIGNATION OF PERSON TO AUTHORIZE ADDITIONAL WORK OR PARTS**

I hereby designate the individual named below to authorize any additional work not specified or parts not included in the original written estimated price of parts and labor:

Name Of Designee: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name Of Customer: \_\_\_\_\_ Work Order No.: \_\_\_\_\_

Date: \_\_\_\_\_ Customer's Signature: \_\_\_\_\_



CORVETTE AMERICA

## CUSTOMER INVOICE

Page 1

AUTO ACCESSORIES OF AMERICA, INC.

100 CLASSIC CAR DRIVE

REEDSVILLE, PA 17084

USA &amp; CANADA 1-800-458-3475

FOREIGN 1-717-667-3004

FAX # 1-717-667-3174

E-MAIL CUSTOMERSERVICE@CORVETTEAMERICA.COM

INVOICE NO. 379917

CUSTOMER NO. 1242119

CATEGORY 000 -&gt; 140

ORDER DATE 3/10/15

SHIP DATE 3/11/15

CUSTOMER PO

YEAR 67

----- CUSTOMER -----

----- SHIP TO -----

\* SAME \*

SALES REP: DANA HAWK

FAX

E-MAIL

| PART# | QUANTITY |         | B/O | UM    | DESCRIPTION             | LIST  | YOUR  | EXTENDED |
|-------|----------|---------|-----|-------|-------------------------|-------|-------|----------|
|       | ORDERED  | SHIPPED |     |       |                         | PRICE | PRICE | AMOUNT   |
| 1693  | 2        | 2       | 0   | BA 67 | BO WHEEL CLIPS. 4PC SET | 15.99 | 15.99 | 31.98    |

\*\*\*\*\*  
SHIP VIA Priority Mail Flat Small

CHECK OUT....CORVETTEAMERICA.COM

Sub-Total..... 31.98

Shipping &amp; Handling 6.95

Please Note... This Invoice Is Needed To Process A Return.

Returns Must Be Shipped To: 100 CLASSIC CAR DRIVE

REEDSVILLE PA 17084

All Prices are expressed in US Dollars.

CORVETTE And Related Emblems Are Registered Trademarks

Of General Motors Corporation.

INVOICE TOTAL 38.93

\*\* CUSTOMER COPY \*\*



B.A.R. AC171616 - E.P.A. CAL000034712

I hereby authorize the repair work listed hereon, including sublet work, to be done along with the necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any cause beyond your control.

X Authorized by \_\_\_\_\_ Date \_\_\_\_\_

|                                                                                                                                                                      |                                                                        |                    |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------|------|
| DATE <u>11-19-15</u>                                                                                                                                                 |                                                                        |                    |      |
| ESTIMATE OF REPAIRS \$ <u>49.00</u>                                                                                                                                  |                                                                        |                    |      |
| Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization. |                                                                        |                    |      |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                 | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                 | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                 | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date               | Time |

| QTY. | NUMBER / DESCRIPTION                                                                                                                                                                                                                                                                                      | AMOUNT | OPER. # | REPAIR ORDER INSTRUCTIONS                                          | SERVICE CHARGE |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------------------------------------------------------------------|----------------|
| 5    | 9/3 10w-30                                                                                                                                                                                                                                                                                                | 17.50  |         | Service                                                            |                |
|      | ALL PARTS INSTALLED<br>ARE NEW UNLESS<br>SPECIFIED OTHERWISE                                                                                                                                                                                                                                              |        |         | Lube Front End<br>Changed Oil & Filter<br>Checked All Fluid Levels | 20.00          |
|      | WARRANTY: Parts and labor warranted for 4,000<br>miles or 90 days whichever comes first, unless<br>specified otherwise. This warranty is limited to the<br>work mentioned on this form only and is not<br>transferable. Vehicle must be returned to our shop,<br>at customer's expense to honor warranty. |        |         |                                                                    |                |
|      | WARRANTY IS VOID IN CASE<br>OF MISUSE AND / OR NEGLIGENCE.                                                                                                                                                                                                                                                |        |         |                                                                    |                |
|      | Recommended Repairs                                                                                                                                                                                                                                                                                       |        |         |                                                                    |                |
|      | TOTAL                                                                                                                                                                                                                                                                                                     |        |         |                                                                    |                |

TIRE CHECK / INFLATION SERVICE PERFORMED

Right Front Tire: 34 PSI      Right Rear Tire: 34 PSI

Left Front Tire: 34 PSI      Left Rear Tire: 34 PSI

TIRE CHECK / INFLATION SERVICE NOT PERFORMED for one of the following reasons:

☐ Your vehicle has a gross vehicle weight rating (GVWR) over 10,000 lbs.

☐ You declined to have your tires checked and inflated because you stated that either you have had a tire check and inflation service performed on your vehicle within the past 30 days or that you intend to have a tire check and inflation service performed on your vehicle within the next 7 days.

☐ We have determined that the tires on your vehicle are unsafe.

☐ The tires on your vehicle are filled with nitrogen, we do not have a nitrogen inflation system, and you refused to allow us to inflate your tires with air.

Date \_\_\_\_\_ Customer Signature \_\_\_\_\_

|                              |       |
|------------------------------|-------|
| TOTAL SERVICE                | 20.00 |
| PARTS                        | 17.50 |
| SUBLET                       |       |
| HAZARDOUS WASTE HANDLING FEE | 3.50  |
| SUBTOTAL                     |       |
| TAX                          | 1.49  |
| TOTAL AMOUNT                 | 42.49 |



I hereby authorize the repair work listed herein, including sublet work, to be done along with the necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any cause beyond your control.

X<sup>1</sup> Authorized by \_\_\_\_\_ Date \_\_\_\_\_

ESTIMATE OF REPAIRS \$

Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization.

|                     |                                                                        |                    |      |
|---------------------|------------------------------------------------------------------------|--------------------|------|
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ |      |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ |      |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ |      |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date               | Time |

| QTY. | NUMBER / DESCRIPTION                                                                                                                                                                                                                                                                                      | AMOUNT | OPER. # | REPAIR ORDER INSTRUCTIONS                                                                                                                                                            | SERVICE CHARGE |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 5    | 97-30                                                                                                                                                                                                                                                                                                     | 17.50  |         | Service                                                                                                                                                                              |                |
|      | ALL PARTS INSTALLED<br>ARE NEW UNLESS<br>SPECIFIED OTHERWISE                                                                                                                                                                                                                                              |        |         |                                                                                                                                                                                      |                |
|      | WARRANTY: Parts and labor warranted for 4,000<br>miles or 90 days whichever comes first, unless<br>specified otherwise. This warranty is limited to the<br>work mentioned on this form only and is not<br>transferable. Vehicle must be returned to our shop,<br>at customer's expense to honor warranty. |        |         | Large Front End<br>Changed Oil & Filter<br>Checked All Fluid Levels                                                                                                                  | 20.00          |
|      | WARRANTY IS VOID IN CASE<br>OF MISUSE AND / OR NEGLECT.                                                                                                                                                                                                                                                   |        |         | NOTE:<br>Owner's Oil Filter                                                                                                                                                          |                |
|      | Recommended Repairs                                                                                                                                                                                                                                                                                       |        |         |                                                                                                                                                                                      |                |
|      | TOTAL                                                                                                                                                                                                                                                                                                     |        |         |                                                                                                                                                                                      |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | TIRE CHECK / INFLATION SERVICE PERFORMED                                                                                                                                             |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | Right Front Tire: 32 PSI                                                                                                                                                             |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | Right Rear Tire: 32 PSI                                                                                                                                                              |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | Left Front Tire: 32 PSI                                                                                                                                                              |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | Left Rear Tire: 32 PSI                                                                                                                                                               |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | TIRE CHECK / INFLATION SERVICE NOT PERFORMED for one of the following reasons:                                                                                                       |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | <input type="checkbox"/> Your vehicle has a gross vehicle weight rating (GVWR) over 10,000 lbs.                                                                                      |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | <input type="checkbox"/> We have determined that the tires on your vehicle are unsafe.                                                                                               |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | <input type="checkbox"/> The tires on your vehicle are filled with nitrogen, we do not have a nitrogen inflation system, and you refused to allow us to inflate your tires with air. |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | Date _____ Customer Signature _____                                                                                                                                                  |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | TOTAL SERVICE                                                                                                                                                                        | 20.00          |
|      |                                                                                                                                                                                                                                                                                                           |        |         | PARTS                                                                                                                                                                                | 17.50          |
|      |                                                                                                                                                                                                                                                                                                           |        |         | SUBLET                                                                                                                                                                               |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | HAZARDOUS WASTE<br>HANDLING FEE                                                                                                                                                      | 3.50           |
|      |                                                                                                                                                                                                                                                                                                           |        |         | SUBTOTAL                                                                                                                                                                             |                |
|      |                                                                                                                                                                                                                                                                                                           |        |         | TAX                                                                                                                                                                                  | 1.49           |
|      |                                                                                                                                                                                                                                                                                                           |        |         | TOTAL AMOUNT                                                                                                                                                                         | 42.49          |



[illegible]

|                     |                  |                      |                                                                              |
|---------------------|------------------|----------------------|------------------------------------------------------------------------------|
| NAME                |                  |                      |                                                                              |
| ADDRESS             |                  |                      |                                                                              |
| 2ND AUTHORIZED NAME |                  |                      | PHONE                                                                        |
| MAKE                | TYPE OR MODEL    | YEAR                 | RECEIVED (DATE & TIME) A.M. P.M.                                             |
| SERIAL #/VIN        | ENGINE NO.       |                      | PROMISED (DATE & TIME) A.M. P.M.                                             |
| ODOMETER            | LICENSE NO.      | TERMS                | PHONE WHEN READY<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| MV#                 | ORDER WRITTEN BY | CUSTOMER'S ORDER NO. |                                                                              |

| DSS                     | ISJ                      | LABOR CHARGE |
|-------------------------|--------------------------|--------------|
| LUBRICATION             | <input type="checkbox"/> |              |
| CHANGE OIL              | <input type="checkbox"/> |              |
| CHANGE OIL FILTER CART. | <input type="checkbox"/> |              |
| CHANGE TRANS.           | <input type="checkbox"/> |              |
| CHANGE DIFF             | <input type="checkbox"/> |              |
| PACK FRONT WHEEL BRGS   | <input type="checkbox"/> |              |
| ADJUST BRAKES           | <input type="checkbox"/> |              |
| ROTATE TIRES            | <input type="checkbox"/> |              |
| WASH POLISH             | <input type="checkbox"/> |              |
| STATE INSPECTION        | <input type="checkbox"/> |              |

| OPER. NO.         | INSTRUCTIONS                                                                                                                                                       | STATE INSPECTION |       |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------|
|                   | CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL*                                                                                                                       |                  |       |
|                   | Left Madlany - at times won't go up -<br>R&R switch, clean contacts, wore out -<br>needs new switch<br>R&R steering wheel, tighten nut, screws<br>and adjust box - |                  | 40.00 |
| Estimated cost \$ | Estimate Charge                                                                                                                                                    |                  |       |
| Base for Charge   |                                                                                                                                                                    |                  |       |

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:  
 I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE,  
 INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in Maryland)

\_\_\_\_ I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.

\_\_\_\_ I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ \_\_\_\_ THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT

☐ I DO NOT REQUEST A WRITTEN ESTIMATE.

You are released by law from the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: \_\_\_\_\_ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimating good for 30 days, for responsible for damage caused by theft, fire, or acts of nature, I authorize the above repair, along with any necessary materials, I authorize you and your employees to operate my vehicle for the purpose of heating, inspection, and delivery at my risk. An express mechanic lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. I CANCEL repairs prior to their completion for any reason, a bar down and reassessment fee of \$\_\_\_\_\_ will be charged.

DATE \_\_\_\_\_

\*Checked lines apply (Preparer must check at least one):

\_\_\_\_ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.

\_\_\_\_\_ This amount includes a charge of \$ \_\_\_\_\_, which is required under  
law.

METHOD OF PAYMENT:  
☐ CASH    ☐ CHECK    ☐ CHARGE

LABOR  
☐ FLAT RATE ☐ HOURLY ☐ BOTH

☐ RETAIN PARTS    ☐ DESTROY PARTS

| GAS, OIL & GREASE | PRICE |
|-------------------|-------|
|                   |       |

|          |   |
|----------|---|
| DTS. ONE | Q |
|----------|---|

|                        |  |
|------------------------|--|
| TOTAL GAS OIL & GREASE |  |
|------------------------|--|

Daily storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of completion.

\$ \_\_\_\_\_

**GUARANTEED ITEM(S)** \_\_\_\_\_

**GUARANTEE EFFECTIVE UNTIL:**

**TIME** \_\_\_\_\_

**MILEAGE** \_\_\_\_\_

|                          |       |
|--------------------------|-------|
| TOTAL LABOR              | 40.00 |
| TOTAL PARTS              |       |
| ACCESSORIES              |       |
| GAS, OIL, & GREASE       |       |
| OUTSIDE REPAIRS          |       |
| STORAGE FEE (if applies) |       |
| TAX                      |       |
| TOTAL AMOUNT             | 40.00 |



NAME [REDACTED]  
 ADDRESS [REDACTED]  
 CITY STATE PHONE - HOME  
 YEAR MAKE MODEL PHONE [REDACTED]  
 67 Chevy Corvair  
 LICENSE 5FLF555 VEHICLE I.D. NO. [REDACTED]  
 ODOMETER 83493

**Complete Auto Repairs - Brake Service**  
**24th Street Garage**  
 2740 24th Street - (916) 456-9812  
 Sacramento, CA 95818  
 B.A.R. AC171616 - E.P.A. CAL000034712

I hereby authorize the repair work listed hereon, including sublet work, to be done along with the necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any cause beyond your control.

☒ Authorized by \_\_\_\_\_ Date \_\_\_\_\_

DATE 4-25-17  
 ESTIMATE OF REPAIRS \$ 200.00  
 Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization.

|                     |                                                                        |                    |      |      |
|---------------------|------------------------------------------------------------------------|--------------------|------|------|
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ | Date | Time |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # |                    |      |      |
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ | Date | Time |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # |                    |      |      |
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ | Date | Time |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # |                    |      |      |

| QTY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER / DESCRIPTION | AMOUNT | OPER. # | REPAIR ORDER INSTRUCTIONS    | SERVICE CHARGE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------|---------|------------------------------|----------------|
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2406 Battery         | 142.86 |         | Battery Good                 |                |
| ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |        |         |                              |                |
| Warranty: Parts and labor warranted for 4,000 miles or 90 days whichever comes first, unless specified otherwise. This warranty is limited to the work mentioned on this form only and is not transferable. Vehicle must be returned to our shop, at customer's expense to honor warranty.                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |        |         |                              |                |
| WARRANTY IS VOID IN CASE OF MISUSE AND / OR NEGLECT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |        |         |                              |                |
| <div style="float: right; text-align: right;">           Rep! Battery<br/>           checked charging system<br/>           \$ 40.00         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |        |         |                              |                |
| <div style="float: right; text-align: right;">           ROW 2648         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |        |         |                              |                |
| TIRE CHECK / INFLATION SERVICE PERFORMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |        |         | TOTAL SERVICE 40.00          |                |
| Right Front Tire: <input type="text"/> PSI<br>Left Front Tire: <input type="text"/> PSI<br>Right Rear Tire: <input type="text"/> PSI<br>Left Rear Tire: <input type="text"/> PSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |        |         | PARTS 142.86                 |                |
| TIRE CHECK / INFLATION SERVICE NOT PERFORMED for one of the following reasons:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |        |         | SUBLET                       |                |
| <input type="checkbox"/> Your vehicle has a gross vehicle weight rating (GVWR) over 10,000 lbs.<br><input type="checkbox"/> We have determined that the tires on your vehicle are unsafe.<br><input type="checkbox"/> You declined to have your tires checked and inflated because you stated that either you have had a tire check and inflation service performed on your vehicle within the past 30 days or that you intend to have a tire check and inflation service performed on your vehicle within the next 7 days.<br><input type="checkbox"/> The tires on your vehicle are filled with nitrogen, we do not have a nitrogen inflation system, and you refused to allow us to inflate your tires with air. |                      |        |         | HAZARDOUS WASTE HAZWASTE FFP |                |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |        |         | SUBTOTAL                     |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |        |         | TAX 12.14                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |        |         | TOTAL AMOUNT 195.00          |                |
| Date _____ Customer Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |        |         |                              |                |



I hereby authorize the repair work listed hereon, including sublet work, to be done along with the necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any cause beyond your control.

X Authorized by \_\_\_\_\_ Date \_\_\_\_\_

|                                                                                                                                                                      |                                                                              |                    |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------|------|
| DATE <u>7-26-17</u>                                                                                                                                                  |                                                                              |                    |      |
| ESTIMATE OF REPAIRS \$ <u>400.00</u>                                                                                                                                 |                                                                              |                    |      |
| Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization. |                                                                              |                    |      |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                       | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> in Person<br><input type="checkbox"/> Phone # _____ | Date               | Time |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                       | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> in Person<br><input type="checkbox"/> Phone # _____ | Date               | Time |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                       | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> in Person<br><input type="checkbox"/> Phone # _____ | Date               | Time |

| QTY. | NUMBER / DESCRIPTION                                                                                                                                                                                                                                                                                      | AMOUNT | OPER. # | REPAIR ORDER INSTRUCTIONS                                                                                                                                                                                                                                                                                                      | SERVICE CHARGE                  |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1    | 334-2108 <sup>Alt</sup> Alternator                                                                                                                                                                                                                                                                        | 97.58  |         |                                                                                                                                                                                                                                                                                                                                |                                 |
| 1    | Delco Regulator                                                                                                                                                                                                                                                                                           | 125.27 |         | Check Dead Battery                                                                                                                                                                                                                                                                                                             |                                 |
|      | ALL PARTS INSTALLED<br>ARE NEW UNLESS<br>SPECIFIED OTHERWISE                                                                                                                                                                                                                                              | 222.82 |         |                                                                                                                                                                                                                                                                                                                                |                                 |
|      | WARRANTY: Parts and labor warranted for 4,000<br>miles or 90 days whichever comes first, unless<br>specified otherwise. This warranty is limited to the<br>work mentioned on this form only and is not<br>transferable. Vehicle must be returned to our shop,<br>at customer's expense to honor warranty. |        |         | Recharged Battery<br>Battery Checks (OK)<br>Checked Charging System<br>Found Diode And The Alternator<br>Appl. Alternator<br>Appl. Voltage Regulator<br>Checked for Electrical Drains                                                                                                                                          | 165.00                          |
|      | WARRANTY IS VOID IN CASE<br>OF MISUSE AND / OR NEGLECT.                                                                                                                                                                                                                                                   |        |         |                                                                                                                                                                                                                                                                                                                                |                                 |
|      | Recommended Repairs                                                                                                                                                                                                                                                                                       |        |         |                                                                                                                                                                                                                                                                                                                                |                                 |
|      | TOTAL                                                                                                                                                                                                                                                                                                     |        |         |                                                                                                                                                                                                                                                                                                                                |                                 |
|      |                                                                                                                                                                                                                                                                                                           |        |         | TIRE CHECK / INFLATION SERVICE PERFORMED                                                                                                                                                                                                                                                                                       | TOTAL SERVICE 165.00            |
|      |                                                                                                                                                                                                                                                                                                           |        |         | Right Front Tire: <input type="text"/> PSI Right Rear Tire: <input type="text"/> PSI                                                                                                                                                                                                                                           | PARTS 222.82                    |
|      |                                                                                                                                                                                                                                                                                                           |        |         | Left Front Tire: <input type="text"/> PSI Left Rear Tire: <input type="text"/> PSI                                                                                                                                                                                                                                             | SUBLET                          |
|      |                                                                                                                                                                                                                                                                                                           |        |         | TIRE CHECK / INFLATION SERVICE NOT PERFORMED for one of the following reasons:                                                                                                                                                                                                                                                 | HAZARDOUS WASTE<br>HANDLING FEE |
|      |                                                                                                                                                                                                                                                                                                           |        |         | <input type="checkbox"/> Your vehicle has a gross vehicle weight rating (GVWR) over 10,000 lbs.                                                                                                                                                                                                                                |                                 |
|      |                                                                                                                                                                                                                                                                                                           |        |         | <input type="checkbox"/> We have determined that the tires on your vehicle are unsafe.                                                                                                                                                                                                                                         |                                 |
|      |                                                                                                                                                                                                                                                                                                           |        |         | <input type="checkbox"/> You declined to have your tires checked and inflated because you stated that either you have had a tire check and inflation service performed on your vehicle within the past 30 days or that you intend to have a tire check and inflation service performed on your vehicle within the next 7 days. |                                 |
|      |                                                                                                                                                                                                                                                                                                           |        |         | <input type="checkbox"/> The tires on your vehicle are filled with nitrogen, we do not have a nitrogen inflation system, and you refused to allow us to inflate your tires with air.                                                                                                                                           |                                 |
|      |                                                                                                                                                                                                                                                                                                           |        |         | Date _____ Customer Signature _____                                                                                                                                                                                                                                                                                            | SUBTOTAL                        |
|      |                                                                                                                                                                                                                                                                                                           |        |         |                                                                                                                                                                                                                                                                                                                                | TAX 18.38                       |
|      |                                                                                                                                                                                                                                                                                                           |        |         |                                                                                                                                                                                                                                                                                                                                | TOTAL AMOUNT 406.20             |



I hereby authorize the repair work listed herein, including  
sublet work, to be done along with the necessary materials.  
You and your employees may operate the described vehicle  
for purposes of testing, inspection or delivery at my risk.  
An express lien is acknowledged on said vehicle to secure  
amount of repairs thereto. You will not be held responsible  
for loss or damage to vehicle or articles left in vehicle in case  
of fire, theft, accident or any cause beyond your control.

X Authorized by \_\_\_\_\_ Date \_\_\_\_\_

|                                                                                                                                                                      |                                                                                   |                    |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------|------|
| DATE <u>10-18-17</u>                                                                                                                                                 |                                                                                   |                    |      |
| ESTIMATE OF REPAIRS \$ <u>104.00</u>                                                                                                                                 |                                                                                   |                    |      |
| Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization. |                                                                                   |                    |      |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                            | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> in Person<br><input checked="" type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                            | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> in Person<br><input checked="" type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                            | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> in Person<br><input checked="" type="checkbox"/> Phone # | Date               | Time |

| QTY.   | NUMBER / DESCRIPTION                                                                                                                                                                                                                                                                                                                              | AMOUNT               | OPER. # | REPAIR ORDER INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SERVICE CHARGE                    |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1<br>5 | 24115 RTting<br>9TB 10W-30                                                                                                                                                                                                                                                                                                                        | 7.50<br><u>17.50</u> |         | By Pass Heater Core Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |
|        | ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE                                                                                                                                                                                                                                                                                            | 25.00                |         | Lube Front End<br>Changed Oil & Filter<br>Checked All Fluid Levels                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15.00                             |
|        | WARRANTY: Parts and labor warranted for 4,000 miles or 90 days whichever comes first, unless specified otherwise. This warranty is limited to the work mentioned on this form only and is not transferable. Vehicle must be returned to our shop at customer's expense to honor warranty.<br>WARRANTY IS VOID IN CASE OF MISUSE AND / OR NEGLECT. |                      |         | By Pass Heater Core                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 50.00                             |
|        |                                                                                                                                                                                                                                                                                                                                                   |                      |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |
|        |                                                                                                                                                                                                                                                                                                                                                   |                      |         | TIRE CHECK / INFLATION SERVICE PERFORMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TOTAL SERVICE 65.00               |
|        |                                                                                                                                                                                                                                                                                                                                                   |                      |         | Right Front Tire: 38 PSI Right Rear Tire: 35 PSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PARTS 25.00                       |
|        |                                                                                                                                                                                                                                                                                                                                                   |                      |         | Left Front Tire: 36 PSI Left Rear Tire: 36 PSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SUBLET                            |
|        | Recommended Repairs                                                                                                                                                                                                                                                                                                                               |                      |         | TIRE CHECK / INFLATION SERVICE NOT PERFORMED for one of the following reasons:                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HAZARDOUS WASTE HANDLING FEE 3.50 |
|        |                                                                                                                                                                                                                                                                                                                                                   |                      |         | <input type="checkbox"/> Your vehicle has a gross vehicle weight rating (GVWR) over 10,000 lbs. <input type="checkbox"/> We have determined that the tires on your vehicle are unsafe.                                                                                                                                                                                                                                                                                                                                         | SUBTOTAL                          |
|        |                                                                                                                                                                                                                                                                                                                                                   |                      |         | <input checked="" type="checkbox"/> You declined to have your tires checked and inflated because you stated that either you have had a tire check and inflation service performed on your vehicle within the past 30 days or that you intend to have a tire check and inflation service performed on your vehicle within the next 7 days. <input type="checkbox"/> The tires on your vehicle are filled with nitrogen, we do not have a nitrogen inflation system, and you refused to allow us to inflate your tires with air. | TAX 2.06                          |
|        |                                                                                                                                                                                                                                                                                                                                                   |                      |         | Date _____ Customer Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TOTAL AMOUNT 95.56                |
|        | TOTAL                                                                                                                                                                                                                                                                                                                                             |                      |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |



|         |            |
|---------|------------|
| INVOICE | 00978660   |
| Page    | 1          |
| Date    | 10/18/2017 |



| Customer PO Number                                     |                             | Ship Date   | Salesperson |           | Terms               |       | Tax Code |           |
|--------------------------------------------------------|-----------------------------|-------------|-------------|-----------|---------------------|-------|----------|-----------|
| 67                                                     |                             | 10/18/2017  | Blaine L.   |           | Credit Card         |       | NOTAX    |           |
| Document                                               | Warehouse                   |             | Freight     |           | Ship Via            |       |          |           |
| 00736004                                               | Paragon Reproductions, Inc. |             | Prepay&Add  |           | FEDEX HOME DELIVERY |       |          |           |
| Item Number / Description                              |                             | Ordered     | Shipped     | Backorder | UM                  | Price | Per      | Extension |
| 5737<br>HEATER CORE 63-67 W/O A/C<br>REPLACEMENT STYLE |                             | 1           | 1           | 0         | EA                  | 89.00 | EA       | 89.00     |
| 13017<br>CATALOG C2 63-67                              |                             | 1           | 1           | 0         | EA                  | 0.00  | EA       | 0.00      |
| Additional Charges:<br>Freight                         |                             |             |             |           |                     |       |          | 14.50     |
| Thank you for choosing Paragon!                        |                             |             |             |           |                     |       |          |           |
| Amount Tendered: 103.50                                |                             | Merchandise |             | Freight   |                     | Tax   |          | Total     |
|                                                        |                             | 89.00       |             | 14.50     |                     | 0.00  |          | 103.50    |



|          |                  |              |            |
|----------|------------------|--------------|------------|
| NAME     |                  | [REDACTED]   |            |
| ADDRESS  |                  | [REDACTED]   |            |
| CITY     | STATE            | PHONE - HOME |            |
| YEAR     | MAKE             | MODEL        | [REDACTED] |
| LICENSE  | VEHICLE I.D. NO. |              |            |
| ODOMETER |                  |              |            |

**Complete Auto Repairs - Brake Service**  
**24th Street Garage**  
 2740 24th Street - (916) 456-9812  
 Sacramento, CA 95818  
 B.A.R. AC171616 - E.P.A. CAL000034712

I hereby authorize the repair work listed heron, including sublet work, to be done along with the necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any cause beyond your control.

X Authorized by [Signature] Date \_\_\_\_\_

|                                                                                                                                                                      |                                                                        |                    |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------|------|
| DATE                                                                                                                                                                 |                                                                        | 4-25-19            |      |
| ESTIMATE OF REPAIRS \$ 300.00                                                                                                                                        |                                                                        |                    |      |
| Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization. |                                                                        |                    |      |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                 | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                 | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                 | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date               | Time |

| QTY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NUMBER / DESCRIPTION   | AMOUNT | OPER. # | REPAIR ORDER INSTRUCTIONS | SERVICE CHARGE                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------|---------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D663 Voltage Regulator | 128.29 |         | Check For Voltage Drain   |                                                                                                                                                                                        |
| <p align="center"><b>ALL PARTS INSTALLED<br/>ARE NEW UNLESS<br/>SPECIFIED OTHERWISE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |        |         |                           |                                                                                                                                                                                        |
| <p align="center"><b>WARRANTY: Parts and labor warranted for 4,000 miles or 90 days whichever comes first, unless specified otherwise. This warranty is limited to the work mentioned on this form only and is not transferable. Vehicle must be returned to our shop, at customer's expense to honor warranty.</b></p>                                                                                                                                                                                                         |                        |        |         |                           |                                                                                                                                                                                        |
| <p align="center"><b>WARRANTY IS VOID IN CASE OF MISUSE AND / OR NEGLECT.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |        |         |                           |                                                                                                                                                                                        |
| <p align="center"><b>Recommended Repairs</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |        |         |                           |                                                                                                                                                                                        |
| <p align="center"><b>TIRE CHECK / INFLATION SERVICE PERFORMED</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |        |         |                           |                                                                                                                                                                                        |
| <p>Right Front Tire: <input type="text"/> PSI      Right Rear Tire: <input type="text"/> PSI<br/>           Left Front Tire: <input type="text"/> PSI      Left Rear Tire: <input type="text"/> PSI</p>                                                                                                                                                                                                                                                                                                                         |                        |        |         |                           |                                                                                                                                                                                        |
| <p align="center"><b>TIRE CHECK / INFLATION SERVICE NOT PERFORMED for one of the following reasons:</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |        |         |                           |                                                                                                                                                                                        |
| <p><input type="checkbox"/> Your vehicle has a gross vehicle weight rating (GVWR) over 10,000 lbs.      <input type="checkbox"/> We have determined that the tires on your vehicle are unsafe.</p>                                                                                                                                                                                                                                                                                                                              |                        |        |         |                           |                                                                                                                                                                                        |
| <p><input type="checkbox"/> You declined to have your tires checked and inflated because you stated that either you have had a tire check and inflation service performed on your vehicle within the past 30 days or that you intend to have a tire check and inflation service performed on your vehicle within the next 7 days.      <input type="checkbox"/> The tires on your vehicle are filled with nitrogen, we do not have a nitrogen inflation system, and you refused to allow us to inflate your tires with air.</p> |                        |        |         |                           |                                                                                                                                                                                        |
| <p align="right">Date _____ Customer Signature _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |        |         |                           |                                                                                                                                                                                        |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |        |         |                           | <p>TOTAL SERVICE <u>n/c</u></p> <p>PARTS <u>128.29</u></p> <p>SUBLET</p> <p>HAZARDOUS WASTE HANDLING FEE</p> <p>SUBTOTAL</p> <p>TAX <u>11.23</u></p> <p>TOTAL AMOUNT <u>139.52</u></p> |





# WARREN BRAKE & SUSPENSION

Ex-G12 Mechanic for 20+ years!

Larry Warren-Owner

2000 16th & T STREET. SACRAMENTO. CA 95818 BUS. NO. (916) 492-8953 / FAX NO. (916) 492-8923

## ESTIMATE or WORK ORDER

B.A.R. REG. NO. AF228126, EPA NO. CAL000344909

Business Hours: 7:30 am - 5:30 pm Monday-Friday Only! DATE: 5/16/20

|            |      |             |               |
|------------|------|-------------|---------------|
| [Redacted] |      | SPEEDOMETER | TIME PROMISED |
| [Redacted] |      | 8492        | _____ am/pm   |
| YEAR       | MAKE | MODEL       | LICENSE PLATE |
| 07         | Chev | CORVETTE    | 5FJF555       |

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|      |       |     |

| ESTIMATE OF REPAIR | DESCRIPTION OF WORK | PARTS | LABOR |
|--------------------|---------------------|-------|-------|
|--------------------|---------------------|-------|-------|

This estimate may include a \$5.50 Hazardous Waste Fee.

|                                         |                            |        |             |
|-----------------------------------------|----------------------------|--------|-------------|
|                                         | DRILL REAR ROTORS          |        | COST 135.00 |
| Item no. Write down car problems below: | REPLACE FRONT BRAKES       | \$     | \$          |
|                                         | " " " " " "                |        |             |
|                                         | MACHINE FRONT ROTORS       |        | 165.90      |
|                                         | REPACK FRONT WHEEL BEARING |        |             |
| CALIPER                                 | BC18-7016 RIGHT FRONT      | 150.00 |             |
| "                                       | BC18-7017 LEFT " "         | 150.00 |             |
|                                         | REPLACE REAR BRAKES        |        |             |
|                                         | " " " " " "                |        |             |
|                                         | MACHINE REAR ROTORS        |        |             |
| BC-18-7016 + BC                         | 18-7017 CALIPER REAR       | 280.00 | 115.00      |
|                                         | MX8 WHEEL RAS ETC.         | 130.00 |             |
|                                         | FLUID BRAKE SYSTEM         |        | 89.95       |

ESTIMATED AMOUNT: \$ 750.00

Sub-Total =

**PLEASE...  
NO  
PERSONAL CHECK**

|       |         |
|-------|---------|
| LABOR | 554.95  |
| PARTS | 70.00   |
| TAX   | 22.12   |
| TOTAL | 1327.07 |

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection of delivery at my risk. Storage will be charged 48 hours after notice to me that repairs have been completed. If you are forced to take any action for collection of any balance owing by me to you by lawsuit or otherwise, I further agree to pay interest on the amount owing until paid, also collection costs, including a reasonable attorney's fee, and I hereby waive all rights to claim exemption under State law. The provisions herein set forth shall become part of any independent agreement for payment made between us in connection with the work authorized by this order. It is understood that this company assumes no responsibility for loss or damage by theft or fire to vehicles placed with them for storage, sale, repair or while road testing. PARTS INSTALLED ARE NOT WARRANTED BEYOND THAT GIVEN BY RESPECTIVE MANUFACTURERS. NO OTHER WARRANTIES MADE.

**YOUR SIGNATURE IS REQUIRED BELOW TO WORK & RELEASE YOUR CAR!**

**DESIGNATION OF PERSON TO AUTHORIZE ADDITIONAL WORK OR PARTS**

I hereby designate the individual named below to authorize any additional work not specified or parts not included in the original written estimated price of parts and labor:

|                         |                             |
|-------------------------|-----------------------------|
| Name Of Designee: _____ | Phone Number: _____         |
| Fax Number: _____       | E-Mail Address: _____       |
| Name Of Customer: _____ | Work Order No.: _____       |
| Date: _____             | Customer's Signature: _____ |



|           |                  |              |              |
|-----------|------------------|--------------|--------------|
| NAME      |                  | [REDACTED]   |              |
| ADDRESS   |                  | [REDACTED]   |              |
| CITY      | STATE            | PHONE - HOME |              |
| YEAR      | MAKE             | MODEL        | PHONE - BUS. |
| 67        | Chevy            | Corvette     |              |
| LICENSE   | VEHICLE I.D. NO. |              |              |
| 5FLEF-555 |                  |              |              |
| ODOMETER  |                  |              |              |
| 844125    |                  |              |              |

**Complete Auto Repairs - Brake Service**  
**24th Street Garage**  
 2740 24th Street - (916) 456-9812  
 Sacramento, CA 95818  
 B.A.R. AC171616 - E.P.A. CAL000034712

I hereby authorize the repair work listed hereon, including sublet work, to be done along with the necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any cause beyond your control.

X Authorized by

Date

DATE

ESTIMATE OF REPAIRS \$

Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization.

|                     |                                                                        |                    |      |      |
|---------------------|------------------------------------------------------------------------|--------------------|------|------|
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ | Date | Time |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # |                    |      |      |
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ | Date | Time |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # |                    |      |      |
| Revised Estimate \$ | Reason                                                                 | Additional Cost \$ | Date | Time |
| Authorized by       | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # |                    |      |      |

| QTY.                                                                                                                                                                                                                                                                                                                                                                                                                              | NUMBER / DESCRIPTION | AMOUNT | OPER. # | REPAIR ORDER INSTRUCTIONS         | SERVICE CHARGE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------|---------|-----------------------------------|----------------|
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                 | 973 1000-30 S/B      | 17.50  |         | Service                           |                |
| ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE                                                                                                                                                                                                                                                                                                                                                                            |                      |        |         |                                   |                |
| WARRANTY: Parts and labor warranted for 4,000 miles or 90 days whichever comes first, unless specified otherwise. This warranty is limited to the work mentioned on this form only and is not transferable. Vehicle must be returned to our shop, at customer's expense to honor warranty.                                                                                                                                        |                      |        |         |                                   |                |
| WARRANTY IS VOID IN CASE OF MISUSE AND / OR NEGLECT.                                                                                                                                                                                                                                                                                                                                                                              |                      |        |         |                                   |                |
| <p>Large Front End<br/>           Changed Oil &amp; Filter<br/>           Checked All Fluid Levels</p> <p>20.00</p>                                                                                                                                                                                                                                                                                                               |                      |        |         |                                   |                |
| <p>NOTE<br/>           (Owner Oil Filter)</p>                                                                                                                                                                                                                                                                                                                                                                                     |                      |        |         |                                   |                |
| TIRE CHECK / INFLATION SERVICE PERFORMED                                                                                                                                                                                                                                                                                                                                                                                          |                      |        |         | TOTAL SERVICE 20.00               |                |
| Right Front Tire: 36 PSI<br>Left Front Tire: 36 PSI<br>Right Rear Tire: 36 PSI<br>Left Rear Tire: 36 PSI                                                                                                                                                                                                                                                                                                                          |                      |        |         | PARTS 17.50                       |                |
| TIRE CHECK / INFLATION SERVICE NOT PERFORMED for one of the following reasons:                                                                                                                                                                                                                                                                                                                                                    |                      |        |         | SUBTOTAL                          |                |
| <input type="checkbox"/> Your vehicle has a gross vehicle weight rating (GVWR) over 10,000 lbs.<br><input type="checkbox"/> You declined to have your tires checked and inflated because you stated that either you have had a tire check and inflation service performed on your vehicle within the past 30 days or that you intend to have a tire check and inflation service performed on your vehicle within the next 7 days. |                      |        |         | HAZARDOUS WASTE HANDLING FEE 3.50 |                |
| <input type="checkbox"/> We have determined that the tires on your vehicle are unsafe.<br><input type="checkbox"/> The tires on your vehicle are filled with nitrogen, we do not have a nitrogen inflation system, and you refused to allow us to inflate your tires with air.                                                                                                                                                    |                      |        |         | TAX 1.53                          |                |
| Date _____ Customer Signature _____                                                                                                                                                                                                                                                                                                                                                                                               |                      |        |         | TOTAL AMOUNT 42.53                |                |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |        |         |                                   |                |



| QTY. | PART NO. AND DESCRIPTION | PRICE  |
|------|--------------------------|--------|
| 1    | Heater Box and kit       | 35 67  |
| 1    | Headlamp switch          | 23 69  |
| 1    | ACTUATOR                 | 107 00 |
| W/S  | Shipping                 | 25 37  |
| 1    | Anti freeze              | 70 00  |

|                                         |                |              |
|-----------------------------------------|----------------|--------------|
| NAME<br>ADDRESS<br>CITY<br>STATE<br>ZIP | ORDER NO.      | DATE         |
|                                         | BY             | PROMISED     |
|                                         | A.M.           |              |
|                                         | P.M.           |              |
| EXT.                                    | ODOMETER IN    |              |
| YEAR, MAKE AND MODEL                    | LICENSE NUMBER | ODOMETER OUT |
| SERIAL NUMBER                           | MOTOR NUMBER   | TERMS        |

| DESCRIPTION OF WORK                                                                                                                                                                                   | AMOUNT     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <input type="checkbox"/> LUBE <input type="checkbox"/> CHANGE OIL <input type="checkbox"/> OIL FILTER <input type="checkbox"/> TUNE-UP <input type="checkbox"/> TRANS. <input type="checkbox"/> DIFF. |            |
| Heater Core R&R<br>Recess Box<br>Headlamp Switch                                                                                                                                                      | 6.5 650 00 |

PAID  
In full  
26 81

|                            |                                                                          |                      |
|----------------------------|--------------------------------------------------------------------------|----------------------|
| TOTAL PARTS<br>ACCESSORIES | LITERS/GALS. OF GAS @                                                    | TOTAL LABOR          |
|                            | LITERS/QTS. OF OIL @                                                     | TOTAL PARTS          |
|                            | kg/LBS. OF GREASE @                                                      | ACCESSORIES          |
|                            |                                                                          | GAS, OIL AND GREASE  |
|                            |                                                                          | SUBLET REPAIRS       |
|                            |                                                                          | EPA / WASTE DISPOSAL |
|                            |                                                                          | TAX                  |
| TOTAL ACCESSORIES          | SALE TAX PARTS? <input type="checkbox"/> YES <input type="checkbox"/> NO | TOTAL                |
|                            | SIGNATURE                                                                | THANK YOU            |



|          |                  |              |            |
|----------|------------------|--------------|------------|
| NAME     |                  | [REDACTED]   |            |
| ADDRESS  |                  | [REDACTED]   |            |
| CITY     | STATE            | PHONE - HOME |            |
| YEAR     | MAKE             | MODEL        | P          |
| 67       | Chev             | Corvette     | [REDACTED] |
| LICENSE  | VEHICLE I.D. NO. |              |            |
| 5F6F555  |                  |              |            |
| ODOMETER |                  |              |            |
| 84995    |                  |              |            |

**Complete Auto Repairs - Brake Service**  
**24th Street Garage**  
 2740 24th Street - (916) 456-9812  
 Sacramento, CA 95818  
 B.A.R. AC171616 - E.P.A. CAL000034712

I hereby authorize the repair work listed hereon, including sublet work, to be done along with the necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any cause beyond your control.

X Authorized by \_\_\_\_\_

Date \_\_\_\_\_

|                                                                                                                                                                      |                                                                        |                    |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------|------|
| DATE <u>3-10-22</u>                                                                                                                                                  |                                                                        |                    |      |
| <b>ESTIMATE OF REPAIRS \$</b>                                                                                                                                        |                                                                        |                    |      |
| Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization. |                                                                        |                    |      |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                 | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                 | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date               | Time |
| Revised Estimate \$                                                                                                                                                  | Reason                                                                 | Additional Cost \$ |      |
| Authorized by                                                                                                                                                        | <input type="checkbox"/> In Person<br><input type="checkbox"/> Phone # | Date               | Time |

| QTY.                                                                                                                                                                                                                                                                                                                                                                                           | NUMBER / DESCRIPTION | AMOUNT | OPER. # | REPAIR ORDER INSTRUCTIONS                | SERVICE CHARGE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------|---------|------------------------------------------|----------------|
| 5 gals.                                                                                                                                                                                                                                                                                                                                                                                        | 10W-30 5/13          | 20.00  |         | Service                                  |                |
| <p align="center"><b>ALL PARTS INSTALLED<br/>ARE NEW UNLESS<br/>SPECIFIED OTHERWISE</b></p>                                                                                                                                                                                                                                                                                                    |                      |        |         |                                          |                |
| <p><b>WARRANTY:</b> Parts and labor warranted for 4,000 miles or 90 days whichever comes first, unless specified otherwise. This warranty is limited to the work mentioned on this form only and is not transferable. Vehicle must be returned to our shop, at customer's expense to honor warranty.</p> <p align="center"><b>WARRANTY IS VOID IN CASE<br/>OF MISUSE AND / OR NEGLECT.</b></p> |                      |        |         |                                          |                |
| <p align="center"><b>NOTE</b><br/>(Owner Oil Filter)</p>                                                                                                                                                                                                                                                                                                                                       |                      |        |         |                                          |                |
| TIRE CHECK / INFLATION SERVICE PERFORMED                                                                                                                                                                                                                                                                                                                                                       |                      |        |         | TOTAL SERVICE <u>20.00</u>               |                |
| Right Front Tire: <input type="text"/> PSI      Right Rear Tire: <input type="text"/> PSI<br>Left Front Tire: <input type="text"/> PSI      Left Rear Tire: <input type="text"/> PSI                                                                                                                                                                                                           |                      |        |         | PARTS <u>20.00</u>                       |                |
| TIRE CHECK / INFLATION SERVICE NOT PERFORMED for one of the following reasons:                                                                                                                                                                                                                                                                                                                 |                      |        |         | SUBLET                                   |                |
| <input type="checkbox"/> Your vehicle has a gross vehicle weight rating (GVWR) over 10,000 lbs.                                                                                                                                                                                                                                                                                                |                      |        |         | HAZARDOUS WASTE HANDLING FEE <u>3.50</u> |                |
| <input type="checkbox"/> We have determined that the tires on your vehicle are unsafe.                                                                                                                                                                                                                                                                                                         |                      |        |         | SUBTOTAL                                 |                |
| <input type="checkbox"/> You declined to have your tires checked and inflated because you stated that either you have had a tire check and inflation service performed on your vehicle within the past 30 days or that you intend to have a tire check and inflation service performed on your vehicle within the next 7 days.                                                                 |                      |        |         | TAX <u>1.75</u>                          |                |
| <input type="checkbox"/> The tires on your vehicle are filled with nitrogen, we do not have a nitrogen inflation system, and you refused to allow us to inflate your tires with air.                                                                                                                                                                                                           |                      |        |         | TOTAL AMOUNT <u>45.25</u>                |                |
| Date _____ Customer Signature _____                                                                                                                                                                                                                                                                                                                                                            |                      |        |         |                                          |                |
| Recommended Repairs                                                                                                                                                                                                                                                                                                                                                                            |                      | TOTAL  |         |                                          |                |