

Repeat Concern Repair Report

CUSTOMER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

YR _____ MAKE _____ VIN# _____

DATE OF SALE ____/____/____ DATE OF REPAIR ____/____/____

MILEAGE _____ PHONE (home) _____ (work) _____

Not responsible for loss or damage to car or articles left in car in case of fire, theft or any other cause beyond our control. I hereby authorize the below work to be done along with the necessary materials and hereby grant you and your employees permission to operate the vehicle described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repair hereto.

CUSTOMER
SIGNATURE _____

DESCRIPTION OF
CONCERN _____

PREVIOUS R. O. _____ DATE ____/____/____ MILEAGE _____

PREVIOUS R. O. _____ DATE ____/____/____ MILEAGE _____

TECH'S DESCRIPTION OF CURRENT REPAIR NEEDED _____

WARRANTY? _____ INTERNAL? _____ CP? _____

SERVICE MANAGEMENT DECISION _____
