AUTO / PACT / CRTN Repair Order

Qty		Description	Price	Amount		Nashua Community College 505 Amherst Street Nashua NH 03063	Date
						Student's Name:	Mileage:
						Customer's Name:	Phone:
						Year: Make/Model	Engine:
						VIN:	Trans:
						Work being performed	Amount
						Concern:	
						Cause:	
						Correction:	
						Subject to terms and conditions as required by law.	Total Parts
Total parts							Total Labor

The warranties as applicable for the parts will be as provided by the manufacturer. The company's liability will be limited to what is expressly required by the applicable laws and will not extend beyond.	I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your students permission to operate the vehicle described for testing and/or inspection. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. SMOG: I understand that I can have emission service and/or adjustments done elsewhere. I hereby waive this right.TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within__10__days of the date shown above if I choose not to authorize the service recommended. All Parts removed will be discarded unless instructed otherwise: Save all Parts____. NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE. Signature:_____	Other Charges Tax Total