COMPANY NAME ADDRESS ADDRESS ADDRESS	VEHICLE REPAIR ORDER/INVOICE		QUAN.	PART	UNIT PRICE	AMOL
	DATE 2	0 PROMISED CLERK				
STOMER ORDER NO.	PHONE DAY	FAX				
PRESS	PHONE EVG.	CALL IF OVER	_			
R (E DEL	ODOMETER	\$ OLD RETURN DISCAP	RD			
EL AL/V.I.N.	MOTOR NO.	ranio				
MENT WILL BE MADE BY		EXP.				
CHEOLE DEBT CAPD ACCOUNT CARD TYPE:		AMOUNIT				
WORK TO BE DONE LUBE OIL FILTER TRAN. DIFF.		AMOUNT				
	41					
			LITRES F	FUEL @ /l	TOTAL	
			LITRES (_	PARTS TOTAL LABOUR	
			KILOS G			
					TOTAL SUBLET	
			LITRES A			
			ENVIRON	MENTAL DISPOSAL /0		
			ТОТ	AL SUPPLIES	$ \longrightarrow \rangle$	
			I AUTHORIZE WITH THE NI	THIS WORK TO BE DONE TOGETHECESSARY PARTS & SUPPLIES.	TOTAL CHARGES	
			N N	, , , , , , , , , , , , , , , , , , ,	G.S.T./H.S.T.	
				AUTHORIZED SIGNATURE		
					SLIP TOTAL	
			O THE WORK IS	S COMPLETE TO MY SATISFACTION OGE MY INDEBTEDNESS SHOWN A		
	тот		O THE WORK I	S COMPLETE TO MY SATISFACTION DGE MY INDEBTEDNESS SHOWN A	N AND I T RIGHT. P.S.T.	

RECYCLABLE