

Quan	Description - see reverse for more	Amount
	Totals	0

Customer Name & Address:	Name/Address XX
Telephone:	XX
Email or Text? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Customer agrees to electronic notifications / discourse pertaining to this work order at: Email and/or Cell Below**
Email:	XX
Text:	
Disclosure:	**I have been provided a copy of this agreement as well as and/or read all Esign terms, conditions and disclosures as well as all Terms and Conditions of my work order at: GoMotorsUSA.com/Esign.html

^^Time Promised:	^^Customer is Flexible	Work Order #:	
Date of Work Order:	DATE: XX	Written By:	MC
Year, Make, Model & Vin #	XX	Color:	XX
Odometer:	XX	Time & Date Promised^^	Customer is Flexible
License Plate # & State	XX	Driver Lic. # / Expiration Date:	XX

^^ By my signature below it is agreed & understood: Customer is flexible on time and date promised in the event of circumstances beyond Go Motors, LLCs' control such as waiting for parts (this is just an example) and other events beyond Go Motor, LLC's control. Customer personally guarantees full payment on this work order at time of services

Description of Work Requested:

Notes: Diagnose and report -- Fee will be \$95.72, includes tax. PLEASE NOTE: Instructions for signing this work order are located at this URL: www.GoMotorsUSA.com/signapdf.html --- fill in all areas denoted with XX and sign all areas (signature Lines are located in blue boxes in red bold "**X - To Sign Type Name here:**")

*Thank you for your Business!
Please Come Again!*

Any warranties on the product(s) sold hereby are those made by the manufacturer. Go Motors, LLC hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

Waiver of Advanced Estimate: I voluntarily request that repairs be performed on my vehicle without an advanced estimate of their cost. By signing this form, I authorize reasonable and necessary costs to remedy the problems complained of up to a maximum of \$ 95.72

Plus Tax. The repair shop may not exceed this amount without my writer or oral consent.

Vin #:	On File Above
Date/Time:	See Above
Cust Signature:	X_____

Method of Payment	Amount
Cash	
labor and parts	90
Check Number: No Checks Please	Parts
Credit Card #/Exp.:	Environmental Fee:
Other - Cash Price Only	Misc.:
Hourly Labor Rate: \$90 / Hour	Sublet Repairs:
Minimum Diagnostic Fee: \$90 plus tax or \$_____	Towing
Save Old Parts: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	SUB-TOTAL 90
	TAX \$5.72
	TOTAL \$95.72

X - To Sign Type Name here:

Revised Estimate	Revised Estimate See Reverse for notes pertaining to Revision of Estimate / work order revision
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I hereby authorize the above 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 other cause beyond your control. I personally guarantee payment on all work performed. I have been given a copy of and understand and agree to all terms set forth at: GoMotorsUSA.com/ServiceTermsConditions.html and copy provided. **X - To Sign Type Name here:**
X_____ Signed