

CUSTOMER #: 2478243

337084

**TOYOTA PLACE**9670 TRASK AVE.,  
GARDEN GROVE, CA 92844  
(888) 751-1414  
www.toyotaplace.com

ACCOUNTING

TOYOTA FINANCIAL SERVICES KINTO  
1240 ROSECRANS AVENUE #120  
MANHATTAN BEACH, CA 90266  
HOME:424-731-3678 CONT:424-731-3678

PAGE 1

BUS: CELL: SERVICE ADVISOR: 997826 VINH LUC

OWNER:			SERVICE ADVISOR: JAMES W. HARRIS					
COLOR	YEAR	MAKE/MODEL		VIN	LICENSE	MILEAGE IN / OUT		TAG
BLACK	16	TOYOTA RAV4		JTMYFREV4GJ070406		61810/61810		TBL545
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE	
31DEC15 DD			17:00 30APR21			INS	12MAY21	

R.O. OPENED BOOKED OPTIONS: ENG:2.5\_Liter

16:04 31MAR21 09:03 12MAY21

LINE	OPCODE	TECH	TYPE	A/HRS	S/HRS	COST	SALE	COMP	LIST	NET	TOTAL
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A CUSTOMER STATES BLIND SPOT MONITOR MALFUNCTION, CHECK AND ADVISE

MILON SUBLET FOR BUMPER REPAIRS AND PERFORM

DYNAMIC CALIBRATION

997311 C 3.00 3.00 9000 55800 558.00 558.00

1 65565-0R010 PATCH, SIDE

PANEL RR

1684 3789 0 37.89 37.89 37.89

1 52159-0R914 COVER, RR

BUMPER L/P

13605 24217 0 242.17 242.17 242.17

2 75392-35220 RETAINER,

OUTSIDE MO

256 922 0 4.61 4.61 9.22

1 52562-0R050 RETAINER,

RR BUMPER,

2220 4662 0 46.62 46.62 46.62

1 52155-0R050 SUPPORT, RR

BUMPER S

2308 4847 0 48.47 48.47 48.47

1 52161-0R020 EXTENSION,

RR BUMPER

1632 3672 0 36.72 36.72 36.72

4 52161-02020 PIECE, RR

BUMPER

672 2420 0 6.05 6.05 24.20

SUBL CALIBER COLLISION INV#71021179

PO#126594

C 202854 202854 2028.54 2028.54

VERSION 1 (EMP# 997826,01MAY21 15:22): SUBLET FOR BUMPER REPAIRS

AND PERFORM PRE-COLLISION DYNAMIC CALIBRATION. TEST DRIVE TO CONFIRM

REPAIRS

B COMPLIMENTARY QUICK RINSE CAR WASH. THANK YOU FOR YOUR BUSINESS!

WASH COMPLIMENTARY QUICK RINSE CAR WASH. THANK

YOU FOR YOUR BUSINESS!

997311 C 0.00 0.00 0 0 0.00 0.00

C\*\* CUSTOMER STATES STEERING WHEEL OFF CENTER, PERFORM ALIGNMENT

CAUSE: PERFORMED WHEEL ALIGNMENT FRONT END SET

ALIGN CUSTOMER REQUESTS ALIGN FRONT END SET TOE,

CASTER AND CAMBER (4 WHEEL)

997311 C 1.50 1.50 4500 12995 129.95 129.95

D\*\* CUSTOMER STATES BATTERY FAILED LOAD TEST. REPLACE BATTERY

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:	* HAZARDOUS WASTE DISPOSAL COSTS: We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)	ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	LABOR AMOUNT	
						PARTS AMOUNT	
						GAS, OIL, LUBE	
						SUBLET AMOUNT	
						WASTE DISPOSAL COSTS *	
Revised Estimate \$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)		TOTAL CHARGES	
<input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____						LESS INSURANCE	
By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you.						SALES TAX	
DATE _____ CUSTOMER SIGNATURE _____ AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE _____						PLEASE PAY THIS AMOUNT	

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

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PAGE 2

BUS: CELL: SERVICE ADVISOR: 997826 VINH LUC

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
BLACK	16	TOYOTA RAV4	JTMYFREV4GJ070406		61810/61810	TBL545	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
31DEC15 DD			17:00 30APR21			INS	12MAY21

R.O. OPENED BOOKED OPTIONS: ENG:2.5\_Liter

16:04 31MAR21 09:03 12MAY21

LINE	OPCODE	TECH	TYPE	A/HRS	S/HRS	COST	SALE	COMP	LIST	NET	TOTAL
CAUSE: PERFORM BATTERY TEST AND/OR BATTERY REPLACEMENT											
190991 R&R BATTERY - PARTS WARRANTY											
	997311		W	0.00	0.00	0	0			0.00	0.00
1 00544-35060-550											
	TRUESTART BATTERY					9512	13164	0	131.64	131.64	131.64
1 BAT Lead-Acid Battery Fee											
						0	100		1.00	1.00	1.00
						9512		13164	TPARTS		
						0		0	TLABOR		

EST: 558.00 31MAR21 16:04 SA: 997826

CONTACT:

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THANK YOU FOR YOUR BUSINESS.

ACCOUNT	SALE	COST	CONTROL	ACCOUNT	SALE	COST	CONTROL
4400	68795	13500		4700	44529	22377	
4460	202854	202854	126594	4420	0	0	
4720	13164	9512		3142	100	0	
3140	3896	0		2200	13264	*****	
2105	320074	*****	2478243				

COST, SALE, &amp; COMP TOTALS 248243 329442 0

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:	<div>* <b>HAZARDOUS WASTE DISPOSAL COSTS:</b> We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.</div> <div><b>ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.</b></div> <div><input type="checkbox"/> <b>Some Parts Not Returnable</b></div>	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)		LABOR AMOUNT	687.95
				<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)		PARTS AMOUNT	445.29
Revised Estimate \$	\$					GAS, OIL, LUBE	0.00
<div><input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi</div> <div><input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____</div>						SUBLET AMOUNT	2028.54
						WASTE DISPOSAL COSTS *	0.00
By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you.						TOTAL CHARGES	3161.78
						LESS INSURANCE	3200.74
						SALES TAX	38.96
DATE _____ CUSTOMER SIGNATURE _____ AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE _____						<b>PLEASE PAY THIS AMOUNT</b>	0.00

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