

CUSTOMER #: 1056303

331819



CAPITOL MAZDA

980 Capitol Expressway Auto Mall
San Jose, CA 95136
Service Direct (408) 448-2277
Main (408) 723-8800
www.dgdg.com

RALPH ORTEZA
3262 FLORESTA DR
san jose, CA 95148
ralphlorteza@gmail.com

WORKORDER

PAGE 1

HOME: CONT: 408-674-5964
BUS: CELL: 408-674-5964

SERVICE ADVISOR: BAR# ARD00286849 EPA# CAL000427971
919515 PINEDA, EUGENIA

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
	02	MAZDA B-SERIES	JM1NB353320222913	7NUB271	956477	T4647	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
05MAY22 IS							
05MAY22 DD			10:00 06MAY22			CASH	

R.O. OPENED	READY	OPTIONS:
05MAY2022 16:03		

LINE	OP CODE	TECH...	TYPE	DESCRIPTIONS/INSTRUCTIONS
# A	OCM		CPM	CUSTOMER STATES CAR CRANKS BUT NO START. CHECK AND ADVISE
				EST: MISC 215.00 TOTAL 215.00

# B	99P	CPM	MAZDA FULL CIRCLE INSPECTION-TIRE PRESSURES SET TO FACTORY RECOMMENDATION
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# C	TEXT	CPM	By signing below, you consent to receiving texts from us on your cell number that you have provided. You agree that we may contact you regarding customer service updates or offers via text. Your consent is not a condition to purchase goods or services. You may opt out at any time by calling the service director or whoever is in charge of the do not call list. Or check here [] to opt out of marketing.
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BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY. TEARDOWN/REASSEMBLY: If you authorize teardown of the vehicle or commencement of repairs, but do not authorize completion of a repair or service, a charge may be imposed for teardown, reassembly or partially completed work and you agree to pay the same.

It is necessary to disassemble the vehicle to provide an estimated price for repairs. The estimated teardown and reassembly charge (including parts and labor) is \$ _____. The maximum time for reassembly will be _____ X _____.

You understand that disassembly may prevent restoration of the vehicle to its former condition. X _____

☐ SUBLET REPAIRS: Some repairs must be sublet due to the type of service required. The location will be disclosed upon request.

PAYMENT TERMS: I agree to pay for all labor and materials in Cash or approved credit card (unless the Dealership agrees to other payment arrangements in advance) simultaneously with delivery of the vehicle to me or 3 days after receiving notice that the vehicle is ready to be picked up. An express mechanics lien is hereby acknowledged on the vehicle to secure the cost of labor, materials, storage and/or towing charges. I understand that a storage charge equal to \$50 will be assessed and shall accrue daily if I fail to pick up the vehicle within 3 days from the date I am notified that the repairs have been completed or after the communication of an estimate if I fail to authorize repairs.

POWER-OF-ATTORNEY: I hereby appoint the Dealership as my attorney-in-fact and authorize it to sign my name upon any checks, drafts or other forms of payment issued in payment of this Repair Order. X _____

By Signing Below: I agree that: (1) I have read this Repair Order and I authorize the completion of the services/repairs listed above in accordance with the terms and conditions herein; (2) the Dealership is not responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, hail, wind or any other cause beyond its control; (3) the Dealership may operate the vehicle on streets, highways or public roadways for the purpose of testing and/or inspecting the vehicle; and (4) I authorize the retrieval of on-board data as needed to facilitate vehicle repairs and the sharing of that data with the vehicle manufacturer for diagnostic or research purposes.

Customer _____ Date _____

PARTS: All parts are new unless otherwise indicated. Remanufactured and refurbished parts that meet manufacturer approved source part requirements may be installed at our discretion. Additional information is available upon request. You may inspect all parts removed from the vehicle upon request. If our Dealership does not have to return the parts to the manufacturer or distributor under a warranty arrangement and they are not exempt due to their size, weight or other factors, they will be returned to you upon request.

☐ Some Parts Not Returnable ☐ Please Save Replaced Parts

ESTIMATE: PLEASE CHOOSE THE KIND OF ESTIMATE YOU WANT TO RECEIVE BY INITIALING BESIDE ONE OF THE FOLLOWING CHOICES AND INDICATE THE BEST WAY TO CONTACT YOU IF NECESSARY.

WRITTEN ESTIMATE _____ ORAL ESTIMATE _____ ELECTRONIC EST. _____

By Telephone at: _____ By Fax to: _____

By E-Mail to: _____

PRELIMINARY ESTIMATE \$ 215.00

DESIGNATION OF PERSON TO AUTHORIZE ADDITIONAL WORK OR PARTS.

I hereby designate the individual named below to authorize any additional work not specified or parts not included in the original written estimated price for parts and labor:

Name of Designee: _____ Phone Number: _____

Fax Number: _____ E-Mail Address: _____

Customer: _____ Date: _____

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:
\$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)
Revised Estimate	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)

I acknowledge notice and oral approval of an increase in the original estimated price.

Dealer CAP 2014 CDK Global, LLC (01/17) WORKORDER TYPE 2 - SW2C - Limited Warranty - CALIFORNIA - 9694522

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

CUSTOMER COPY

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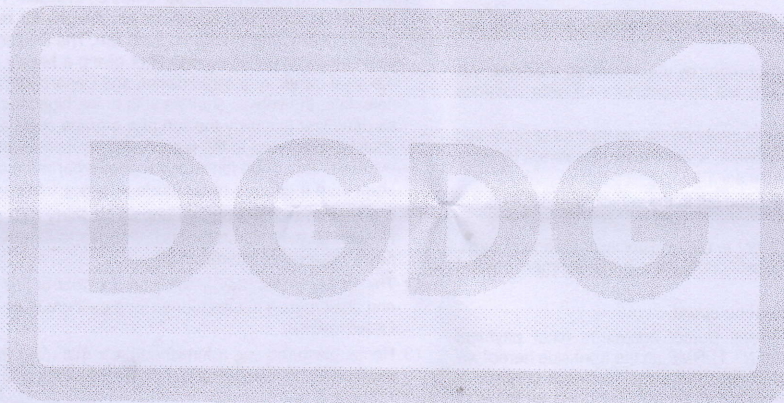
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05MAY22 DD								

R.O. OPENED READY OPTIONS:

05MAY2022 16:03

LINE OP CODE TECH... TYPE DESCRIPTIONS/INSTRUCTIONS

D PSI CPM CUSTOMER REQUESTS TO SET AND LOG TIRE PRESSURES AS
PER REGULATION - LF RF LR RRCOMMENTS: #4647 CREATED 2022-05-05 04:00:01PM TAKEN BY EU
GENIA PINEDA

BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY
NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY.
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\$ _____	\$ _____			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)
Revised Estimate \$ _____	\$ _____			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)

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