

# **KOJO AUTO SERVICE CENTER**



#### LAGOS:

1, Moshalashi Street, Off Western Avenue, By Ipori Bridge Alaka Surulere, Lagos. Tel: 08077692625, 08077692662, 08077692633

**Item Description** 

REAR BRAKE PAD

### ABUJA:

Plot 1209 Shehu Yar'Adua Way Mabushi Near VIO, Abuja FCT. Tel: 08077692630, 08067779150, 09-2911234

#### BENIN:

45, Agbor Road, Ikpoba Hill, Benin City, Edo State. Tel: 08077692641, 08077692644

#### PORT-HARCOURT:

Quantity

Plot 117, Trans-Amadi Layout Port Harcourt, Rivers State. Tel: 08077692621, 08077692631, 07037823937

#### AWKA:

Plot C5 and C6 Agu-Akwa Layout Akwa Anambra State Tel: 08077692640, 08077692610

## JOB INSTRUCTION

Customer Name/ID:	MERISTEM WEALTH MANAGEMENT / KJ381971	Date:	27th May, 2022
Organization:	MERISTEM	Reg. No:	LSR 88 DK
Vin/Chasis No:	JTEBX3FJ105079831	Odometer Reading:	116370Km
Phone Number:	09096071162	E-mail:	
Vehicle Make:	Toyota Landcruiser Prado	Model Number:	TRJ150L-GKPEK
Address:	PLOT 586 CAD		

CAMBER SETTING	1			
		Project Est	al Job Completionn :  Value :   Value :   imatew/Explanationr:   Car Was Needed? :   Replaced Part Keep:	
☐ Cleanness (Exterior/Interior): ☐ Date Courtesy Items Removal: ☐ Tim ☐ Outer Mirror Position / Seat Position: ☐ Clock Adjustment / Radio Sitting: ☐ Job Completion Notificxation: ☐ Date Date Date Date Date Date Date Date	ned 1 te: ne: nned 2 te: ne:	Job Details Explanation :  Fee Explanation :  Result Confirmation with  Customer:  Walk-Around Check :	Fixed: □ Level Up: □ No Fixed: □ PSFU(Plan) □	Delivery: Dtae:  Time:  Customer:
Change of Delivery Time:		Job Time:		
Additional Jobs /Job Stoppage/Others		Job Start: Date Time		
Completion Changed:		Job Completion: Date: Time:		
Other Findings :		Actual Hours Clocked:	Technician Name:	Quality Control Staff:
Job Completion Notification: Date: Time:		Delivered to Owner / F	amily / Other (	)
P.S.F.U. (Plan):  Date: Time:		Contact Info: Telephone No:(Home/Business/Mobile)  Email:		
P.S.F.U (Actual):	Customer: Owner / Family / Other ()			
Date: Time	O4-# NI			
P.S.F.U (GJ):		Staff Name:		
☐ Fixed ☐ Followup Status (Follow up Again	Confirmed By:			
Date: Time:  Date: Time:  Not Fixed (Appointment Date/Time)	Supplied By: Issued By: Order By: OGHALE GIFT USIAKPENEBRO			
Date:Time:				