

Quick Fix Fitters,  
19 High St.,  
Ashford,  
Kent CT16 8YY

**JOB NO.:**

Vehicle Registration No.:  
Make:  
Customer Name:

Date Booked In:  
Model:  
Tel.:

---

Description of work required:

- 1)
- 2)

Estimated time:

---

Description of work carried out (to be filled in on completion):

- 1)
- 2)
- 3)

Actual time:<sup>5</sup>      hours

Spare parts used (to be filled in on completion):

Description	Part No.	Qty.
-------------	----------	------

Signature:

---