

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

**JOB NO.:**

Vehicle Registration No.:  
Make:  
Customer Name:

Date Booked In:  
Model:  
Tel.:

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Description of work required:

- 1)
- 2)

Estimated time:

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

- 1)
- 2)
- 3)

Actual time:        hours

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

Description	Part No.	Qty.
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Signature:

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