DAVE'S AUTOMOTIVE REPAIR
WORK ORDER

Please complete the following information:

Date _____ Plate#_____

Customer Name_____

Phone# (Home)_____(Work)_____(Cell)_____

Yr/Make/Model_____

Fleet # _____ Engine Size _____

WHAT VEHICLE NEEDS:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

- Please note: if you are leaving your car for PA State Inspection, please leave current Registration and Insurance on the seat of vehicle.

Thank you for your business