

CUSTOMER #: D36930

161481



INVOICE

PAGE 1

SERVICE ADVISOR:

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
BLACK	19	FORD RANGER			34184/34201	T1585	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN19 DD			18:30 30JUN23		220.00	CASH	14JUN23
R.O. OPENED	READY	OPTIONS: ENG:2.3_LITER_TIVCT					
17:19 23MAY23	14:23 14JUN23						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A STATE MANDATED TIRE PRESSURE CHECK & INFLATE SERVICE
 TP STATE MANDATED TIRE PRESSURE CHECK & INFLATE SERVICE
 900368 IMP (N/C)
 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00
 CHECK TIRE PRESSURES

B Preform Gas Vehicle Multi-Point Inspection
 99P Preform Gas Vehicle Multi-Point Inspection
 900368 IMP (N/C)
 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00
 PERFORM VISUAL INSPECTION

C CUSTOMER COMEBACK. DID PREVIOUS TRANSMISSION WORK. CUSTOMER STATES HE IS HAVING THE SAME ISSUE. REFER TO RO 160732. PLEASE CHECK AND ADVISE.

CAUSE: .
 99 CUSTOMER COMEBACK. DID PREVIOUS TRANSMISSION WORK. CUSTOMER STATES HE IS HAVING THE SAME ISSUE. REFER TO RO 160732. PLEASE CHECK AND ADVISE.
 900368 W (N/C)
 1 JR3Z*7H351*B HUB ASY (N/C)
 1 HL3Z*7B067*F HUB ASY (N/C)
 1 HL3Z*7H360*E PISTON - DIRECT CLUTCH BALANCE (N/C)
 1 HL3Z*7A262*G PISTON (N/C)
 1 HL3Z*7H360*F PISTON - FORWARD CLUTCH BALANC (N/C)
 4 HL3Z*7B164*A DRIVE PLATE - CLUTCH (N/C)
 4 HL3Z*7B442*F DRIVEN PLATE - STEEL (N/C)
 1 HL3Z*7A191*B 486340 GASKET (N/C)
 1 L1MZ*7A098*A 403363FT215 SCREEN ASY (N/C)
 1 HL3Z*7B066*X PLATE - CLUTCH PRESSURE (N/C)
 1 HL3Z*7D483*C SNAP RING (N/C)
 1 HL3Z*7C122*C SNAP RING (N/C)

PAYMENT IN FULL REQUIRED PRIOR TO RELEASE OF VEHICLE METHOD OF PAYMENT WE ACCEPT THE FOLLOWING: CASH MASTERCARD VISA AMX COMPANY OR PERSONALIZED CHECK \$2,000.00 WITH THE FOLLOWING 1) CHECK GUARANTEE CARD 2) VALID DRIVERS LICENSE 3) NAME AND ADDRESS (NO. P.O. IMPRINTED ON CHECK)	NOTICE TO CUSTOMER I acknowledge notice an oral approval of any additional customer or warranty work performed and/or increase in the original estimate price. I also acknowledge and approve all repairs as itemized and/or receipt of vehicle. I also acknowledge receipt of additional consumer warranty and service information contained in the Parts & Service Warranty Disclaimer.	DESCRIPTION	TOTALS
	ORIGINAL ESTIMATE \$ _____	LABOR AMOUNT	
	AUTHORIZED REVISED ESTIMATE \$ _____	PARTS AMOUNT	
	CUSTOMER SIGNATURE	GAS, OIL, LUBE	
	X	SUBLET AMOUNT	
		MISC. CHARGES/ADJ.	
		TOTAL CHARGES	
		LESS AMOUNT	
		SALES TAX	
		PLEASE PAY THIS AMOUNT	

Notice to Consumer: Please read important information on back.

EPA# CAL000472879

BAR# ARD303701

CUSTOMER #: D36930

161481

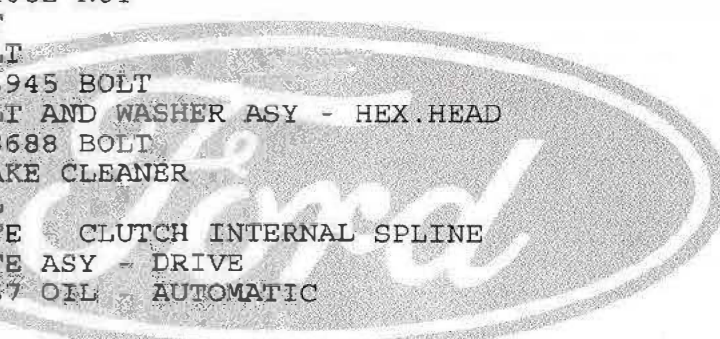
INVOICE

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SERVICE ADVISOR: 993744

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BLACK	19	FORD RANGER			34184/34201	T1585	
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LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
1	HL3Z*7H365*	E	SNAP RING				(N/C)
6	JB3Z*4B496*	B	572926 BOLT				(N/C)
1	FL*910S*		509263BE8Z6731AB KIT - ELEMENT & GASKET - OIL F				(N/C)
1	KB3Z*6L612*	A	441381 GASKET				(N/C)
9	*W500121*	S	437 BOLT				(N/C)
2	*W500642*	S	437 BOLT				(N/C)
2	*W700056*	S	450B BOLT				(N/C)
3	*W714265*	S	442 674816 NUT				(N/C)
6	*W715618*	S	437 531082 NUT				(N/C)
2	*W716936*	S	442 NUT				(N/C)
2	*W719427*	S	439 BOLT				(N/C)
4	*W710233*	S	437 893945 BOLT				(N/C)
2	*W714780*	S	439 BOLT AND WASHER ASY - HEX.HEAD				(N/C)
4	*W716344*	S	437 758688 BOLT				(N/C)
3	PM*4*A		214019 BRAKE CLEANER				(N/C)
4	JB3Z*7J227*	A	SEAL				(N/C)
3	HL3Z*7B164*	G	PLATE CLUTCH INTERNAL SPLINE				(N/C)
3	HL3Z*7B164*	D	PLATE ASY - DRIVE				(N/C)
13	XT*12*QULV		107857 OIL - AUTOMATIC TRANSMISSION				(N/C)



FC: PART#: COUNT:
 CLAIM TYPE:
 AUTH CODE:
 900368

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

ROAD TEST VEHICLE, VERIFIED THE TRANS CONCERN. THE TRANS IS SLIPPING IN SECOND GEAR ON HARD ACCELERATION. PERF ELECT AUTO TRANS DIAG. CHECK FLUID LEVEL AND CONDITION. CHECK SHIFT LINKAGE ADJ. PERF PCM ON-DEMAND SELF TESTS. KOE=PASS, KOEC=PO6E9:002E, STARTER PERFORMANCE. NO TRANS DTC'S PRESENT. CHECK OASIS. HOOK-UP DATALOGGER AND PERF A PID MONITOR RECORDER WITH ROAD TEST. PID DATA INDICATES A FORCED 4TH GEAR UPSHIFT DURING THE ABNORMAL 1-2 UPSHIFT. PERF DIAG BY SYMPTOM. REMOVE TRANS ASY WITH SKID PLATES. MOUNT TRANS ASSY ON BENCH

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			MISC. CHARGES/ADJ.	
			TOTAL CHARGES	
			LESS AMOUNT	
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