



AA+ SMOG
 869 California Dr. • Burlingame, CA 94010
 Phone (650) 340-0492
 ARD 272983

24958
SMOG TEST INVOICE

	YEAR	1988	MAKE	Bmw	MODEL	M5
	ODOMETER	173598	LIC. PLATE #	None	G.V.W.R.	
	V.I.N. WBS0C9308J2875317					
	TEST TYPE: <input type="checkbox"/> BIENNIAL <input type="checkbox"/> CHANGE OF OWNERSHIP <input type="checkbox"/> 2% <input type="checkbox"/> HEP <input type="checkbox"/> INITIAL <input type="checkbox"/> FED. <input checked="" type="checkbox"/> CALIF. <input type="checkbox"/> O/S ENGINE 3.4 # OF CYLINDERS TRANSMISSION: <input type="checkbox"/> AUTO <input checked="" type="checkbox"/> STD EM. LIGHT TIMING					
EMAIL	ORIGINAL ESTIMATE					
	\$ 49.11 + 9					
SMOG TEST CHECK OFF						
P-Pass	M-Modified	F-Defective	D-Disconnected	S-Missing	N-N/A	
PCV			C / I			
TAC			AP/P			
EVP			OXY			
CAT			WRG			
EGR			VAC			
SPK			OTH			
SMOKE INSPECTION: PCV			TAILPIPE			
1 RETEST @ \$ _____ PLUS CERTIFICATE FEE WITHIN 30 DAYS						
TEST RESULTS: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> ABORT <input type="checkbox"/> _____						
SMOG CHECK CUSTOMERS: BY LAW YOU MAY CHOOSE ANOTHER SMOG CHECK STATION TO PERFORM ANY REPAIRS, INSTALLATIONS, ADJUSTMENTS OR SUBSEQUENT TESTS						
I hereby authorize the above smog test to be performed. Smog test fee is due whether above vehicle passes or fails the smog test. You and your employees may operate above vehicle for purposes of testing, inspection and delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of this invoice. You will not be held responsible for loss or damage to vehicle due to fire, theft, accident, dynamometer testing or any other cause beyond your control. In the event legal action is necessary to enforce this contract, I understand that I am solely responsible for all costs including attorney's fees and court costs. I have read and understand the above and acknowledge receipt of an estimate.						
X	DATE	TIME	PHONE • FAX • EMAIL	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL	<input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX	I acknowledge notice and oral approval of an increase in the original estimated price.
REVISSED ESTIMATE \$				<input type="checkbox"/>	<input type="checkbox"/>	
REASON				ADDITIONAL COST \$		
						LABOR
						PARTS
						SALES TAX
						GRAND TOTAL \$ 59.95