DIAGNOSTIC FEE & REPAIR AUTHORIZATION

Shop **Address**

Date in **Time in** **Customer**

Phone **Email**

Vehicle **VIN** **Plate**

Miles **Fuel**

Customer concern (in their words)

Work authorized now

Diagnostic fee **Applied to repair if approved** ☐ **Not applied** ☐

Diag hours **Do not exceed** **Contact before**

Additional approvals (date, time, name, method, amount)

Return old parts? Y ☐ N ☐ **Storage terms** per state law

Customer sign **Date** **Advisor**

Laws vary by state; check your state's requirements.

Free template from greasegoose.xyz