



WARRANTY FORM

SHOP: _____
JOB RO: _____

CUSTOMER INFORMATION	
Name:	
Vehicle Year/Make/Model:	
Phone Number:	

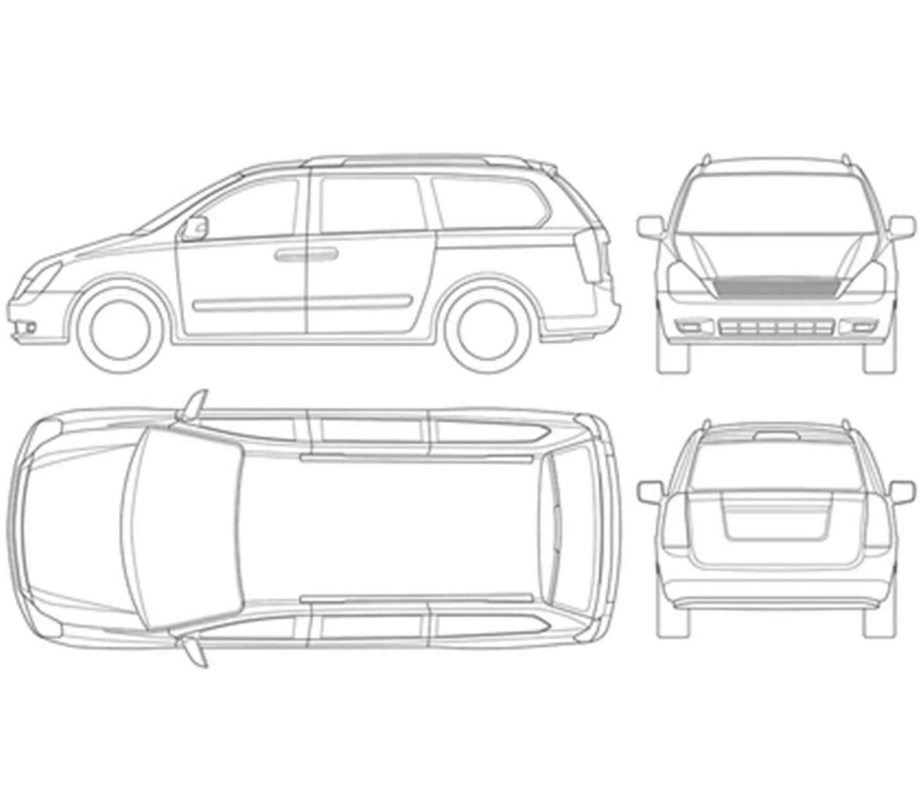
ORIGINAL RO INFORMATION	
Original RO #:	
Original RO Closed Date:	
Shop Where Work Was Done:	
Original Tech(s) Who Worked on Job:	

WARRANTY INFORMATION	
Customer Concern:	See Second Page
Shop Diagnosis:	
Repair Plan:	
Technician(s) Working on Job:	
Date Delivered:	
Date Closed:	

JOB COST INFORMATION						
Refer to RO Job Cost Summary Report (#54)						
Body Hours	Paint Hours	Frame Hours	Mech Hours	Detail Hours	Sublet Costs	Parts Cost
Total Cost of Job:				Managers Signature:		



VEHICLE WALK AROUND WORKSHEET

	<ol style="list-style-type: none">1 – CHIP OR SCRATCHES2 – DENT OR DING3 – LOOSE MLDG/TRIM4 – BROKEN/NON-FUNCTIONAL5 – MISSING PART6 – RUST7 – STONECHIP8 – CRACKED9 – PREVIOUS REPAIRS10 – OVERSPRAY
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CUSTOMER CONCERN(S) *Use a second page if required:*

STAFF SIGNATURE:		DATE:
CUSTOMER SIGNATURE:		DATE: