



Wheel Collision Center
 Excellence in Wheel Repair & Sales!
 7286 Penn Drive • Bath, PA 18014
 Phone: 610-837-8792 • Fax: 610-837-8967
 E-mail: wccpa@erols.com • www.wheelcollision.com

WORK ORDER

Vehicle Type: Mercedes 2 PC / 3 PC / Chrome
 Ident: 85236/85237
 AfterMarket

Date: 5-28-13
 Size: 19 Weight: _____
INVOICE 168232-2

SHIP TO NAME: _____
 Phone _____
 Phone _____
 E-mail _____

Date Due: 6.6 Date Requested: _____
 Pick Up: Delivery: Ship: R T U C ACCT/PAY

ID # _____ Location _____

WORK TO BE PERFORMED

| | #1 | #2 | #3 | #4 | ONLY |
|--------------------|----|----|----|----|------|
| Straighten (1-7) | | | | | |
| Wobble (1-5) | | | | | |
| Weld (1-7) | | | | | |
| Blast (1-2) | 3 | | | | |
| M Polish (1) | 1 | 1 | | | |
| Polish (1-15) | | | | | |
| Clearcoat (1-3) | 3 | | | | |
| Paint (1-9) | 3 | | | | |
| Anodize (4) | 4 | 4 | 4 | 4 | |
| Strip (5 - 15) | | | | | |
| Chrome (13-20) | | | | | |
| Take Apart (3) | 3 | 3 | 3 | 3 | |
| Refinish Cap (1) | 1 | 1 | 1 | 1 | |
| Total Points (L/H) | | | | | |

POWDER (P/C) _____
 ANOD/CHRM _____
 LIP ONLY _____
 SUGGEST _____

Left Message: 528
 Will Call Back _____
 Approved: [Signature] Date: 6-3-13
 Tax _____
 COD _____
 Total: 454.00
 Core(s) _____
 Deposit _____
 Total Due _____
 Amt. Paid: 454.00
 Balance _____

Call / Email @ Ship
 Will Prepay
 RSL Core(s)

Date: 6-3-13
 V/Code: [Signature]
 Clerk Initials: [Signature]

| | 1 | 2 | 3 | 4 | Valve Stem | 1 | 2 | 3 | 4 |
|----------------|---|---|---|---|-------------|---|---|---|---|
| Dismount | | | | | | | | | |
| Mount | | | | | Warranty | | | | |
| Balance | | | | | Void Wheels | | | | |
| Scrap Tire | | | | | - Return | | | | |
| Cap - Refinish | | | | | - Scrap | | | | |

DISCLAIMER: Authorization for automobile wheel repair. I hereby authorize the above automobile wheel repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. The Wheel Collision Center will not be responsible for loss or damage to vehicle or articles left in the vehicle or in case of fire, theft, accident or any other cause beyond your control.

Customer Signature: _____

| | #1 | #2 | #3 | #4 | Unrepairable Rep?/Deposit |
|-----|-----|-----|-----|-----|---------------------------|
| | | | | | |
| F/B | F/B | F/B | F/B | F/B | Straighten |
| F/B | F/B | F/B | F/B | F/B | Weld |
| | | | | | Ins. Quality? |
| | | | | | Not Ins. Qual |

Code _____
 Customer PO/RO#: _____
 Quantity Wheels _____ Tires _____ Y / N

COMMENTS: