

This form is fillable. Please click to type.



**REPAIR WORK ORDER**

Ticket # \_\_\_\_\_

7012 WI-31  
STE 100  
Caledonia, WI 53402

PHONE: 262-456-4147  
FAX: 262-293-5448  
taninautoelectronix.com  
contact@taninauto.com

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Vehicle Information**

VIN \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Mileage \_\_\_\_\_ Part number \_\_\_\_\_

**- REPAIRS NEEDED (DESCRIBE THE ISSUES YOU'RE HAVING)**

\_\_\_\_\_  
\_\_\_\_\_

**Payment Information**

We will contact you regarding payment once repairs are completed.

By signing below you are acknowledging that if you decline a repair service or replacement part there will be an **\$139.99 DIAGNOSTIC FEE** that applies to everything entering the building. This fee covers the time and labor involved with processing, testing, analyzing, diagnosing, and returning your unit.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_