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REPAIR WORK ORDER
Ticket # _____

**7012 State Hwy 31
Suite 100
Racine, WI 53402**

phone: 262-456-4147
fax: 262-293-5448

www.taninautoelectronix.com
CONTACT@TANINAUTO.COM

Name _____

Phone _____

Email _____

Shipping Address _____

City _____ State _____ Zip Code _____

Vehicle Information

VIN _____

Year _____ Make _____ Model _____

Mileage _____

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

Payment Information

We will contact you regarding payment once repairs are completed.

*** We offer a 5% discount if you pay by cash or check.

By signing below, you are acknowledging that if you decline a repair service or replacement part, there will be an **\$104.99 DIAGNOSTIC FEE** that may apply to everything entering the building. This fee covers the time and labor involved with processing and testing your unit.

Signature _____ **Date** _____