



## REPAIR WORK ORDER

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

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

phone: 262-456-4147

fax: 262-293-5448

www.taninautoelectronix.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 Method

*We will contact you regarding payment once repairs are completed*

**Cash/Check**      **\*\*Receive 5% discount when paying by cash or check**

**PayPal**      PayPal Email \_\_\_\_\_

**Credit Card**      **Billing Address (if different from shipping)**  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, you are acknowledging that if you decline a repair service or replacement part, there will be an \$84.99 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** \_\_\_\_\_