



50 South Center Street, Unit 6
Orange NJ 07050
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Service Information

Name _____

Mailing Address _____

City/State/Zip _____

Day Phone (_____) _____ Evening or Cel (_____) _____

Email _____

Make _____ Model _____ cc _____ Year _____

Insurance None Liability Only Theft Only Full Coverage Company _____ Policy# _____

Tag None Yes Plate _____ State _____

What work would you like to have us perform? Is this a warranty claim? No Yes

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

What is your budget on this job? \$_____ Please complete all work without an estimate, I agree to pay all charges
I agree to pay a 1-hour minimum charge, please confirm an estimated total before commencing other work.

Other Notes: _____

How often would you like to be contacted with job status updates? Daily Weekly Upon Completion

What is the best method of contacting you? Home Phone Work Phone Cel Phone Email Snail Mail

Upon completion of your work we will contact you. You have 7 days to arrange a pick-up date and settle the balance of your invoice before a \$10/day storage fee is imposed. Bikes not claimed within 30 days of notice of completion become the property of Scooters Originali.

I _____ have read all the above and filled out all the questions. I understand that Scooters Originali's hourly labor rate is \$65/hour. I understand that certain services may incur a flat fee charge. I agree to pay Scooters Originali's minimum charge of 1-hour for any two-wheeled machine which rolls into Scooters Originali. The above may not apply to warranty work.

Signature _____ Date _____

Internal Use Only	Scooters Originali Signed-in by _____	Date _____
	Mechanics _____	Job# _____