

Motor repair

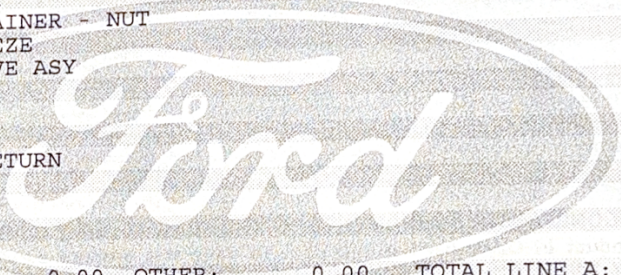
LIMITED WARRANTY ON FORD AND MOTORCRAFT PARTS
SUPPORT SERVICES
PO BOX 679811, Dallas, TX 75267-9811
ELIZABETH OLIVER

NAME: _____ CONT: 916-715-1255
CELL: 916-715-1255 SERVICE ADVISOR: 256164

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	23	FORD Mustang Mach-E	3FMTK2SU7PMA13981		36815/36818	TY272	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
14FEB23 IS			18:00 23JAN26			CASH	03FEB26
R.O. OPENED	READY	OPTIONS: DLR:4772401 ENG:Extended_Range_Battery					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUSTOMER STATES ALL THE WARNING LIGHTS CAME ON THE DASH AND THE VEHICLE STARTED TO MAKE FUNNY NOISES, CHECK AND ADVISE.							

- CAUSE:
- 23 NOISE/VIBRATION/HARSHNESS (N/C)
 - 256165 W (N/C)
 - 4 *W520216*S440 NUT (N/C)
 - 4 *W715295*S439 BOLT (N/C)
 - 2 *W520215*S440 NUT - HEX. (N/C)
 - 2 *W719813*S440 NUT (N/C)
 - 2 CCPZ*3B477*G RETAINER - NUT (N/C)
 - 1 VC*13*G ANTI-FREEZE (N/C)
 - 1 LJ9Z*7B000*E DRIVE ASY (N/C)
 - CORE CHARGE W (N/C)
 - 1 BAGM*H3* BATTERY (N/C)
 - CORE CHARGE W (N/C)
 - 1 BAGM*H3* CORE RETURN (N/C)
- FC: PART#: COUNT:
CLAIM TYPE:
AUTH CODE:
256165



PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

165 FOUND NO POWER INSIDE VEHICLE, 12V BATTERY DEAD. TESTED 12V BATTERY FAILED NEED TO REPLACE 12V BATTERY AND CONTINUE WITH DIAGNOSIS. DTC--X02CH554AL02, ACES--H608R. REPLACED 12V BATTERY VERIFIED CONCERN MULTIPLE WARNING LIGHTS ON PULLED CODES, FOUND U0293-00,P0613-86, POA47-00, POA4D-00, RAN OASIS NO TSB/SSM FOUND. PERFORMED PPT FOR POA4D-00-X1-YES-1.5 OHMS, X2--YES--O.L, 3--YES-O.L, 4-NO--0V, 5-YES-O.L, 6-NO-1.7 OHMS, INTERNAL FAILURE OF FRONT DRIVE MOTOR. RECOMMEND REPLACE THEN RE CHECK SYSTEM. REPLACED FRONT DRIVE MOTOR, CLEARED CODES, ROAD TESTED CHECKED OK. SELF TEST PASSED.

B PERFORM MULTI-POINT INSPECTION
99P DEFAULT
256165 ISP (N/C)

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By	Date & Time	Authorization Obtained By	*HAZARDOUS WASTE DISPOSAL COSTS: We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)	ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	LABOR AMOUNT	
Revised Estimate	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)		PARTS AMOUNT	
<input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____						GAS, OIL, LUBE	
By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you.						SUBLET AMOUNT	
DATE	CUSTOMER SIGNATURE			AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE		WASTE DISPOSAL COSTS *	
I acknowledge notice and oral approval of an increase in the original estimated price.					TOTAL CHARGES		
The vehicle is being returned to you in exchange for your payment of the Amount Due.					LESS INSURANCE		
					SALES TAX		
					PLEASE PAY THIS AMOUNT		

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