

CUSTOMER #: 107136

328799

Audi San Diego

9010 MIRAMAR ROAD · San Diego, CA 92126

(858) 578-8600 · (858) 348-4136 Fax

www.audisandiego.com

INVOICE

SERVICE AND PARTS HOURS

MON - FRI: 7:00 A.M. - 6:00 P.M.

SAT: 8:00 A.M. - 4:00 P.M.

PAGE 1

SERVICE ADVISOR: 3041947 HORACIO MIRELES

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	12	AUDI R842QT	WUADUAFG9CN001979		45641/45644	T1074	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN12 IS							
01JAN12 DE	01JAN12		18:00 20DEC21		215.00	CASH	29DEC21
R.O. OPENED		READY		OPTIONS: ENG:4.2_Liter_F.I.			
12:03 20DEC21		16:12 29DEC21					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A PLEASE INSPECT SUSPENSION							
11 STEERING/SUSPENSION							
	3041899	CFEWA				744.90	744.90
1	420-412-019-AJ	STRUT			2457.14	2457.14	2457.14
2	N-106-295-01	BOLT			8.00	8.00	16.00
4	N-101-064-02	NUT			1.25	1.25	5.00
2	N-104-280-02	BOLT			5.16	5.16	10.32
1	420-412-020-AJ	STRUT			2457.14	2457.14	2457.14
1	420-512-019-AK	DAMPER			2457.14	2457.14	2457.14
1	420-512-020-AK	DAMPER			2457.14	2457.14	2457.14
2	N-107-169-01	BOLT			14.90	14.90	29.80
4	N-101-064-02	NUT			1.25	1.25	5.00
2	N-104-280-02	BOLT			5.16	5.16	10.32
44A PERFORM 4 WHEEL ALIGNMENT							
	3041899	CTIRE				460.00	460.00
PARTS:	9905.00	LABOR:	1204.90	OTHER:	0.00	TOTAL LINE A:	11109.90
45644 front and rear shocks leak INSPECTED SUSPENSION FOUND LEAKING							
FRONT AND REAR SHOCKS. REMOVED AND REPLACED FRONT AND REAR SHOCKS AND							
PERFORMED 4 WHEEL ALIGNMENT							

B PERFORM TIRE PRESSURE INSPECTION, RESET AND STORE TIRE PRESSURES IN TPMS.

44TPA PERFORM TIRE PRESSURE INSPECTION, RESET AND STORE TIRE PRESSURES IN TPMS.

3041899 IPS

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

45644 INSPECTION INSPECTED AND SET PRESSURES FRONT-45 REAR-41

C CUSTOMER REQUESTING TO PERFORM COMPLIMENTARY MULTI-POINT INSPECTION. CAUSE: AS REQUESTED

WCI CUSTOMER REQUESTING TO PERFORM COMPLIMENTARY MULTI-POINT INSPECTION.

3041899 IMPI

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

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
4	5			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)	ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	LABOR AMOUNT	
Revised Estimate	4			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)		PARTS AMOUNT	
						GAS, OIL, LUBE	
						SUBLET AMOUNT	
						WASTE DISPOSAL COSTS *	
<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 _____						TOTAL CHARGES	
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 for had the opportunity to inspect any replaced parts as requested by you.						LESS INSURANCE	
DATE _____ CUSTOMER SIGNATURE _____ AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE _____						SALES TAX	
						PLEASE PAY THIS AMOUNT	

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

DealerCAP ©2006 ADP (10/10) SERVICE INVOICE TYPE 2 - SIC2 - "LIMITED WARRANTY" - CALIFORNIA 960902

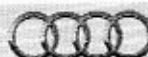
CUSTOMER COPY

B.A.R. REG.# ARD284232 EPA# CAL000369214

CUSTOMER #: 107136

328799

INVOICE



Audi San Diego

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SERVICE AND PARTS HOURS

MON - FRI: 7:00 A.M. - 6:00 P.M.
 SAT: 8:00 A.M. - 4:00 P.M.

PAGE 2

SERVICE ADVISOR: 3041947 HORACIO MIRELES

SERVICE ADVISOR									
COLOR	YEAR	MAKE/MODEL		VIN	LICENSE	MILEAGE IN / OUT		TAG	
	12	AUDI R842QT		WUADUAFG9CN001979		45641/45644		T1074	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED		PO NO.	RATE	PAYMENT	INV. DATE	
01JAN12 IS			18:00 20DEC21			215.00	CASH	29DEC21	
01JAN12 DI	01JAN12								
R.O. OPENED		READY		OPTIONS: ENG:4.2_Liter_F.I.					
12:03 20DEC21		16:12 29DEC21							

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
45644	INSPECTION	COMPLETED	MULTI	POINT	INSPECTION		

Thank you for servicing with Audi San Diego.
 We appreciate your business!

www.AudiSanDiego.com

This dealer is required by law to charge a
 nonrefundable \$1 California battery fee and
 refundable deposit for each lead-acid battery
 purchased.

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:
\$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)
Revised Estimate \$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)

☐ Tire pressure check/inflation service was performed.
 RF _____ psi LF _____ psi RR _____ psi LR _____ psi
☐ Customer declined tire pressure check/inflation service. Initials _____

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
 for had the opportunity to inspect any replaced parts as requested by you.

DATE

CUSTOMER SIGNATURE

AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

***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.

**ALL PARTS ARE NEW
 UNLESS OTHERWISE
 INDICATED.**
☐ Some Parts Not Returnable

DESCRIPTION	TOTALS
LABOR AMOUNT	1204.90
PARTS AMOUNT	9905.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
WASTE DISPOSAL COSTS *	0.00
TOTAL CHARGES	11109.90
LESS INSURANCE	11627.54
SALES TAX	767.64
PLEASE PAY THIS AMOUNT	250.00

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CUSTOMER #: 107136

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WORKORDER

PAGE 1

SERVICE AND PARTS HOURS

MON - FRI: 7:00 A.M. - 6:00 P.M.

SAT: 8:00 A.M. - 4:00 P.M.

BAR # ARD284232 EPA# CAL000369214

SERVICE ADVISOR: 3041947 MIRELES, HORACIO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
	12	AUDI R842QT	WUADUAFG9CN001979		45641/	T1074	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN12 IS							
01JAN12 DD	01JAN12		18:00 20DEC21		215.00	CASH	
R.O. OPENED	READY	OPTIONS: ENG:4.2_Liter_F.I.					
20DEC2021 12:03							

LINE	OP CODE	TECH...	TYPE	DESCRIPTIONS/INSTRUCTIONS
# A	11	3041899	CFEWA	PLEASE INSPECT SUSPENSION STEERING/SUSPENSION
# B	44TPA	3041899	IPS	PERFORM TIRE PRESSURE INSPECTION, RESET AND STORE TIRE PRESSURES IN TPMS.
# C	WCI	3041899	IMPI	CUSTOMER REQUESTING TO PERFORM COMPLIMENTARY MULTI-POINT INSPECTION.

BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY.

TEARDOWN/REASSEMBLY: If you authorize teardown of the vehicle or commencement of repairs, but do not authorize completion of a repair or service, a charge may be imposed for teardown, reassembly or partially completed work and you agree to pay the same.

It is necessary to disassemble the vehicle to provide an estimated price for repairs. The estimated teardown and reassembly charge (including parts and labor) is \$ _____.
The maximum time for reassembly will be _____ X.

You understand that disassembly may prevent restoration of the vehicle to its former condition.
X _____

☐ **SUBLET REPAIRS:** Some repairs must be sublet due to the type of service required. The location will be disclosed upon request.

PAYMENT TERMS: I agree to pay for all labor and materials simultaneously with delivery of the vehicle to me or 3 days after receiving notice that the vehicle is ready to be picked up. An express mechanics lien is hereby acknowledged on the vehicle to secure the cost of labor, materials, storage and/or towing charges. I understand that a storage charge equal to \$ _____ will be assessed and shall accrue daily if I fail to pick up the vehicle within 3 days from the date I am notified that the repairs have been completed or after the communication of an estimate if I fail to authorize repairs.

POWER-OF-ATTORNEY: I hereby appoint the Dealership as my attorney-in-fact and authorize it to sign my name upon any checks, drafts or other forms of payment issued in payment of this Repair Order. X _____

I hereby grant the Dealership permission to operate the vehicle on streets, highways or public roadways for the purpose of testing and/or inspecting the vehicle. The Dealership is not responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond its control. I authorize the retrieval of on-board data as needed to facilitate vehicle repair, as well as sharing that data with the vehicle manufacturer for diagnostic and research purposes.

Customer _____ Date _____

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PARTS: All parts are new unless otherwise indicated. You may inspect all parts removed from the vehicle upon request. If our Dealership does not have to return the parts to the manufacturer or distributor under a warranty arrangement and they are not exempt due to their size, weight or other factors, they will be returned to you upon request.
☐ Some Parts Not Returnable ☐ Please Save Replaced Parts

ESTIMATE: PLEASE CHOOSE THE KIND OF ESTIMATE YOU WANT TO RECEIVE BY INITIALIZING BESIDE ONE OF THE FOLLOWING CHOICES AND INDICATE THE BEST WAY TO CONTACT YOU IF NECESSARY.

_____ WRITTEN ESTIMATE _____ ORAL ESTIMATE _____ ELECTRONIC EST.

By Telephone at: _____ By Fax to: _____

By E-Mail to: _____

PRELIMINARY ESTIMATE \$ _____

DESIGNATION OF PERSON TO AUTHORIZE ADDITIONAL WORK OR PARTS.

I hereby designate the individual named below to authorize any additional work not specified or parts not included in the original written estimated price for parts and labor:

Name of Designee: _____ Phone Number: _____

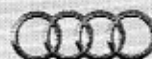
Fax Number: _____ E-Mail Address: _____

Customer _____ Date: _____

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:
\$ _____	\$ _____			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)
Revised Estimate \$ _____	\$ _____			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)

I acknowledge notice and oral approval of an increase in the original estimated price.

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.
CUSTOMER COPY



CUSTOMER #: A177449

328106

Audi San Diego

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INVOICE

DUPLICATE 1
PAGE 1

SERVICE AND PARTS HOURS

MON - FRI: 7:00 A.M. - 6:00 P.M.

SAT: 8:00 A.M. - 4:00 P.M.

SERVICE ADVISOR: 3041947 HORACIO MIRELES

SERVICE ADVISOR: 501197										
COLOR	YEAR	MAKE/MODEL		VIN		LICENSE		MILEAGE IN / OUT		TAG
	12	AUDI R842QT		WUADUAFG9CN001979				45619/45622		T1371
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED		PO NO.	RATE	PAYMENT		INV. DATE	
01JAN12 IS			09:30 07DEC21			215.00	CASH		09DEC21	
01JAN12 DD	01JAN12									
R.O. OPENED		READY		OPTIONS: ENG:4.2_Liter_F.I.						
09:01 07DEC21		12:05 09DEC21								

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUSTOMER REQUEST TO PERFORM PRE PURCHASE INSPECTION							
	24	FUEL INJ ELECT					
		3041899CFEWA				330.00	330.00
PARTS:	0.00	LABOR:	330.00	OTHER:	0.00	TOTAL LINE A:	330.00
45622 INSPECTION COMPLETED PRE PURCHASE INSPECTION AS PER CUSTOMER REQUEST							

B PERFORM TIRE PRESSURE INSPECTION, RESET AND STORE TIRE PRESSURES IN TPMS.							
	44	TPA PERFORM TIRE PRESSURE INSPECTION, RESET AND STORE TIRE PRESSURES IN TPMS.					
		3041899 IPS					(N/C)
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:	0.00
45622 TIRE PRESSURES INSPECTED AND SET PRESSURES FRONT-45 REAR-41							

C CUSTOMER REQUESTING TO PERFORM COMPLIMENTARY MULTI-POINT INSPECTION.							
CAUSE: AS REQUESTED							
		WCI CUSTOMER REQUESTING TO PERFORM COMPLIMENTARY MULTI-POINT INSPECTION.					
		3041899 IWCI					(N/C)
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C:	0.00
45622 INSPECTION COMPLETED MULTI POINT INSPECTION							

EST: 430.00 07DEC21 09:01 SA: 3041947

CONTACT:

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"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)	ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	LABOR AMOUNT	
Revised Estimate	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (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 *	
						TOTAL CHARGES	
						LESS INSURANCE	
						SALES TAX	
						PLEASE PAY THIS AMOUNT	

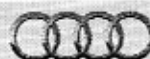
NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

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B.A.R. REG.# ARD284232 EPA# CAL000369214

CUSTOMER #: A177449

328106

**Audi San Diego**

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INVOICE

DUPLICATE 1
 PAGE 2

SERVICE AND PARTS HOURS

MON - FRI: 7:00 A.M. - 6:00 P.M.
 SAT: 8:00 A.M. - 4:00 P.M.

SERVICE ADVISOR: 3041947 HORACIO MIRELES

SERVICE ADVISOR: 5011517							
COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	12	AUDI R842QT	WUADUAFG9CN001979		45619/45622	T1371	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN12 IS							
01JAN12 DD	01JAN12		09:30 07DEC21		215.00	CASH	09DEC21

R.O. OPENED: 09:01 07DEC21
 READY: 12:05 09DEC21
 OPTIONS: ENG:4.2_Liter_F.I.

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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Thank you for servicing with Audi San Diego.

We appreciate your business!

www.AudiSanDiego.com

This dealer is required by law to charge a nonrefundable \$1 California battery fee and refundable deposit for each lead-acid battery purchased.

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"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)	ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	LABOR AMOUNT	330.00
Revised Estimate \$				<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)		PARTS AMOUNT	0.00
<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	0.00
						SUBLET AMOUNT	0.00
						WASTE DISPOSAL COSTS *	0.00
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.						TOTAL CHARGES	330.00
DATE	CUSTOMER SIGNATURE	AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE				LESS INSURANCE	0.00
						SALES TAX	0.00
						PLEASE PAY THIS AMOUNT	330.00

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

DealerCAP ©2006 ADP (10/10) SERVICE INVOICE TYPE 2 - S12C - "LIMITED WARRANTY" - CALIFORNIA 9598022

CUSTOMER COPY

B.A.R. REG.# ARD284232 EPA# CAL000369214