

**OFF SITE TAKATA REPAIR DOCUMENT**

# Invoice

**Your Company Name**  
Your Company Slogan Here

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_  
MILEAGE: \_\_\_\_\_  
Vehicle VIN: \_\_\_\_\_

**CUSTOMER NAME:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST ZIP Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Technician	Takata Recall ID	EXPENSE CODE	Date

Qty	Description	PART NUMBER	Line Total

CUSTOMER SIGNATURE: \_\_\_\_\_

By signing this document I am giving my permission to have this repair performed at a location other than at the dealer's address and understand that there is no charge to me for the recall repairs being performed today.

**Thank you for your business!**