



Accessory and Protection Products Order Form / Due Bill

VIN Number	<input type="text"/>	Stock Number	<input type="text"/>
Salesperson	<input type="text"/>	Year/Make/Model	<input type="text"/>
Customer Name	<input type="text"/>	Today's Date	<input type="text"/>
Billing Pay Type	<input type="text"/>	Delivery Date	<input type="text"/>

Vendor	Part Description	Part Number	Retail Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P & L Automotive	<input type="text"/>	<input type="text"/>	<input type="text"/>
P & L Automotive	<input type="text"/>	<input type="text"/>	<input type="text"/>
P & L Automotive	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

Special Instructions

The items listed below will be performed free of charge when this signed document is presented. Any additional work

DUE BILL: will be charged for. All work must be performed in our shop by appointment. Void 30 days from the date above.

☐ Check Box: I understand and accept the terms and pricing of the items listed above

☐ Check Box: I have been presented the Accessory and Protection product Options for my vehicle and decline these products at this time. I reserve the right to purchase these items at a later time within the guidelines set forth by the Dealer. I understand that warranties and financing may not be available.

Customer Signature

Manager Signature