

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED \$100. <input type="checkbox"/> I REQUEST A WRITTEN ESTIMATE. <input type="checkbox"/> I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL. <input type="checkbox"/> I DO NOT REQUEST A WRITTEN ESTIMATE. SIGNED _____ DATE _____					_____ _____ _____ _____		_____ month/_____ mile warranty on all parts and labor unless otherwise specified.	
					FLORIDA REGISTRATION: _____		Intended Payment Method: CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Date: _____ Time: _____	
Name: _____					Proposed Completion Date: _____			
Address: _____					Home Ph: _____			
City: _____ State: _____ Zip: _____					Work Ph: _____			
Other Authorized Person: _____					Phone: _____			
Year/Make: _____ Model: _____					Tag: _____		Miles In: _____	
VIN# : _____							Miles Out: _____	
*U/Used R/Rebuilt RC/Reconditioned NC/ No Chg/Warranty RD/Reduced/					Save Old Parts: <input type="checkbox"/> Yes <input type="checkbox"/> No (Core may apply)			
Customer Complaint/Problem: _____								
LABOR CHARGES BASED ON:					ESTIMATE/DIAGNOSTIC FEE:			
<input type="checkbox"/> FLAT RATE _____ <input type="checkbox"/> HOURLY RATE					\$ _____ /OR HOURLY AT			
<input type="checkbox"/> BOTH APPLY					\$ _____ PER HOUR			
A storage fee of \$ _____ per day may be applied to vehicles which are not claimed within 3 working days of notification of completion								
DESCRIPTION OF REPAIRS					LABOR		CHARGES	
<input type="checkbox"/> ESTIMATE <input type="checkbox"/> INVOICE								
							PARTS:	
							\$	
							LABOR:	
							\$	
							** SHOP SUPPLIES	
							\$	
							***FEES\$	
							Subtotal:\$	
							Tax: \$	
Estimate good for 30 days. Not responsible for damage caused by theft, fire or acts of nature. I hereby authorize the above repairs, including sublet work, along with the necessary materials. You and your employees may operate my vehicle for the purpose of testing, inspection and delivery at my risk. If I cancel repairs prior to their completion for any reason, a tear down and reassembly fee of \$ _____ will be applied. X _____ Date _____					TOTAL: \$ _____		**This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal. ***FS403.718 mandates a \$1.00 fee for each new tire sold in the State of Florida. ***FS403.7185 mandates a \$1.50 fee for each new or remanufactured battery sold in the State of Florida.	