|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENT BELOW,AND SIGN:**  I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $100.  \_\_\_\_\_\_\_\_ I REQUEST A WRITTEN ESTIMATE.  \_\_\_\_\_\_\_\_ 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.  \_\_\_\_\_\_\_\_ I DO NOT REQUEST A WRITTEN ESTIMATE.  SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **ABC AUTO REPAIR SHOP**  **123 ANY STREET**  **ANY PLACE, FL 3333**  **PHONE** | | | **\_\_\_\_\_\_\_\_\_MONTH/\_\_\_\_\_\_\_\_\_\_MILE WARRANTY ON ALL PARTS AND LABOR UNLESS OTHERWISE SPECIFIED** | | | | | | | | |
| INTENDED PAYMENT METHOD | | | | | | | | |
| CASH | | CHECK | VISA | | | MC | | AMEX |
| NAME | | | DATE: | | | | | TIME: | | | |
| ADDRESS | | | PROPOSED COMPLETION DATE: | | | | | | | | |
| CITY | | | HOME PH: | | | |  | | | | |
| 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 WARRANTY | | | | | | SAVE OLD PARTS: YES NO (CORE MAY PPLY) | | | | | | | | | | | |
| **QTY** | **PART NO** | **DESCRIPTION** | **\*** | **PRICE** | **EXTEND** | CUSTOMER COMPLAINT / PROBLEM | | | | | | | | | | | |
|  |  |  |  |  |  |  | | | | | | | | | | | |
|  |  |  |  |  |  | **LABOR CHARGES BASED ON:**  FLAT RATE \_\_\_\_\_\_\_HOURLY RATE  BOTH APPLY | | | | **ESTIMATE / DIAGNOSTIC FEE:**  $ \_\_\_\_\_\_\_\_\_\_\_\_\_ / OR HOURLY AT  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_PER HOUR | | | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  | A STORAGE FEE OF $\_\_\_\_\_\_\_\_PER DAY MAY BE APPLIED TO VEHICLES WHICH ARE NOT CLAIMED WITHIN 3 DADYS OF NOTIFICATION OF COMPLETION | | | | | | | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  | **DESCRIPTION OF REPAIRS** | | **LABOR** | | | **CHARGES** | | | | | | |
|  |  |  |  |  |  | **O** ESTIMATE | **O** INVOICE |  | | |
|  |  |  |  |  |  |  | |  | | | PARTS: | | | | | $ | |
|  |  |  |  |  |  |  | |  | | | LABOR: | | | | | $ | |
|  |  |  |  |  |  |  | |  | | | SUBLET/OTHER | | | | | $ | |
|  |  |  |  |  |  |  | |  | | | \*\*SHOP SUPPLIES | | | | | $ | |
|  |  |  |  |  |  |  | |  | | | \*\*FEES | | | | | $ | |
|  |  |  |  |  |  |  | |  | | | SUBTOTAL: | | | | | $ | |
| ESTIMATE GOOD FOR 30 DAYS. NOT RESPONSIBLE FOR DAMAGE CAUSED BY THEFT, FIRE OR ACTS OF NATURE. I HEREBY AUTHORIZED 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | |  | | | TAX: | | | | | $ | |
|  | |  | | |  | | | | |  | |
|  | |  | | |  | | | | |  | |
| \*\* 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. | | | | | **TOTAL: $** | | | | | | |