

**See next page 2 for the Invoice/Estimate form required to use.**

**Please note \*** IF the customer signed the invoice, write date notified on the invoice somewhere before sending to us.

**IF** the customer did **NOT** sign the invoice the following notes must be written on the invoice somewhere before sending to us.

“Verbal Authorization given by \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ to employee name taking the call.  
*Customer Full Name                      Date                      Time*

**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.  
 \_\_\_\_\_ 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 \_\_\_\_\_

\_\_\_\_\_ month/\_\_\_\_\_ mile warranty on all parts and labor unless otherwise specified.

Intended Payment Method:  
 CASH CHECK VISA MC AMEX  
 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: Yes No (Core may apply)

QTY	PART NO	DESCRIPTION	*	PRICE	EXTEND

Customer Complaint/Problem: \_\_\_\_\_  
 LABOR CHARGES BASED ON:  
 FLAT RATE \_\_\_\_\_ HOURLY RATE \$ \_\_\_\_\_ /OR HOURLY AT \$ \_\_\_\_\_ PER HOUR  
 BOTH APPLY  
 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: \$
		SUBLET/OTHER \$
		** 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 \_\_\_\_\_

\*\*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.  
**TOTAL:**  
 \$ \_\_\_\_\_