								YOUR COMPANY			0	01001
		PARTS CODE (CD): N-NEW U-USED R-REBUILT RC-RECONDITIONED			ONED	7	123 Any Street Any City, State, Zip Code			Date		
			FW-FREE UNDER WARRANTY RW-REDUCED COST U					XXX-XXX-XXXX			Tim	ne Received
Q	UAN.	CD	PART NO. DESCRIPTION	U	VIT	AMO	UNT	LIC or BAR # or TAG LINE				A.I P.M
								me			Proposed	Completion Date
								dress Apt. No.		Р	Bus.	
								y State Zip		- H	Res.	
								, State Zip		E	nes.	
								ne of Additional Person o May Authorize Repair Work)		Phone who	en ready
								r-Make-Model Engine Type License Tag	g #		Cust. Orde	
) <u> </u>								4 Cyl.	neter-Out		Estimator/	Writer
_									lotor out		Lournatory	**************************************
								or Charges: Estimate/Diagnostic Fee:	III			Davida
								Flat Rate	lourly at \$.		dit Card	Per Hour Charge
								nless otherwise provided by law, the seller (above named dealership) hereby expressly disclaims	_			
								cluding any implied warranty of merchantability or fitness for a particular purpose, and neither as assume for it any liability in connection with the sale of said products.				
								REPAIR ORDER • LABOR INSTRUCTIONS	Est. Time Hrs. 10's		timated mount	Actual Amount
								rv.				
-												
			SPECIAL REPAIRS									
			BROUGHT FORWARD									
			TOTAL PARTS					AVE REPLACED PARTS YES NO Estimated Cost of Repair Work				
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						C TL		The state of the s				
						7	-	e guarantee our service work fordays				
						/ Ι Δ	М	miles, whichever comes first. Total Parts				
ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL						FINA	\i	NILY STORAGE CHARGES: *\$/DAY	Charges			
BILL WILL EVCED \$100								D DAILY STORAGE CHARGES SHALL ACCRUE OR BE DUE AND PAYABLE R A PERIOD OF 3 WORKING DAYS FROM THE DAY CUSTOMER IS NOTIFIED				

OF WORK COMPLETION.

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 X	DATE

I WAIVE REASSEMBLY OF MY VEHICLE material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing

(E.g., the State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state [s.403.718], and a \$1.50 fee to be collected for each new or remanufactured battery sold in the state [s.403.718]). This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.

Sub Total Tax Gas

TOTAL AMOUNT

AUTHORIZED SIGNATURE

REPAIR ORDER