

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 **\$100.00**

_____ I REQUEST A WRITTEN ESTIMATE

_____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG

AS THE REPAIR COSTS DOES NOT EXCEED \$ _____

THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

_____ I DO NOT REQUEST A WRITTEN ESTIMATE

SIGNED _____

DATE _____

Name and Phone of Additional Person Who May Authorize Repairs:

I hereby authorize the above work to be done with the necessary materials. I understand that all warranties are manufacturer's warranties and all parts are new unless otherwise noted. A storage fee of **\$2.00** per day may be applied to vehicles which are not claimed within **3** working days from the date of notification. All labor rates are flat rate. There is no charge for estimates. You and your employees may operate the above vehicle for the purpose of testing. Unless checked () I do not request the return of replaced parts. **FS403718** mandates a **\$1.00** fee for each new tire sold in the State of Florida. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.

How do you wish to pay for this service?

_____Cash _____Check _____Credit Card _____Money Order

Date Promised _____

Customer Signature _____