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:_____

ABC Auto Repair
1234 Anystreet
Anyplace, FL 33333
(123) 456-7890
******SAMPLE******
Florida Registration: MV-00000

Name:		
Address:		
City:	State:	Zip:
Home #:		Work #:
Other Authorized Person:		Phone #:
Date: Time:	Proposed Completion Date:	

☐ **INVOICE** ☐ **ESTIMATE**

*U/Used R/Repaired A/Aftermarket S/Straightened M/Manufacturers Part

Qty	*	Part No.	Description	LABOR HOURS Body	Paint	Frame	Mech

All parts and labor are warrantied for _____ months/ _____ miles unless otherwise stated.

Vehicle Information:

Vin:

Yr/Make:

Model:

Tag:

Miles In:

Miles Out:

Save Parts: [ ] No
Core may apply -----[ ] Yes

Charges based on:
[ ] Hourly Rate _____
[ ] Flat Rate _____
[ ] Both Apply _____

Estimate/Diagnosis:
Fee: $_____ or
Hourly at $_____/hr.

Payment Method:
[ ] Cash [ ] Check [ ] Visa
[ ] MC [ ] Amex

Estimated Cost: $

Body Hours/@		$	Parts:	$	
Paint Hours/@		$	Labor:	$	
Mech Hours/@		$	**Shop Sup:	$	
Paint Supplies		$	Sublet:	$	
Body Supplies		$	***Fees:	$	
Tow/Storage		$	Subtotal:	$	
Epa/Waste		$	Tax:	$	
Miscellaneous		$	Total:	$	

**This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal. ***s. 403.718, F.S. mandates a $1.00 fee for each new tire sold in the State of Florida. ***s. 403.7185, F.S. mandates a $1.50 fee for each new or remanufactured battery sold in the State of Florida.

Estimate good for 30 days. Facility is not responsible for damage caused by theft, fire or acts of nature. I authorize the above repairs to my vehicle including the necessary materials and sublet work. You and your employees may operate my vehicle for the purpose of testing, inspection and delivery at my risk. If I cancel repairs to my vehicle for any reason, I understand that a teardown and reassemble fees of $_____ will apply. I understand that a charge of $_____ per day will be charged if I fail to pick up my vehicle within (3) working days of notification of completion.

Signature:_____ Date:_____