## REPAIR ORDER INSURANCE:

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT UNDER THE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL BILL WILL EXCEED \$100.00.

Signed:date:	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 the reasons, a teardown and reassemble fee of \$ will be applied.					*U/Use R/Rebuilt RC/Reconditionated NC/No Chg Warranty RD/Reduced Warranty  Dealer Date Qty Part No. Description * Price	SIGNEDDATE	WRITTEN APPROVAL. I DO NOT REQUEST A WRITTEN ESTIMATE.	I RECUES I A WRITTEN ESTIMATE.  I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COST DO NOT EXCEED \$ THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY	REOLIECT V VVDILLEV ECTIVAVIE
**This charged represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.  *** FS403.716 mandates a \$1.00 fee for each new tire sold in the State of Florida.  ***FS403.7185 mandates a \$1.50 fee for new or remanufactured battery sold in the State of Florida.		CHARGES:	THE FOLLOWING REPAIRS WERE MADE TO YOUR VEHICLE LABOR CHARGE	LAINT/PROB BASED ON: BASED FEE: \$ PER D PER D	MAKE:	E-MAIL: ZIP: WORK PH:	ESS: PROP	Hialeah. FL. 33014 WARRANTY ON ALL PARTS UNLESS (305) 364-3676 OTHERWISE SPECIFIED. INTENTED PAYMENT METHOD:		