

14088 S.W. 139 COURT
 MIAMI, FL 33186
 (305) 252-1107
 MVR 94101788 MV-06912



Date: 07/25/16 Time: _____
 Proposed Completion Date: _____

QUANTITY	PART NUMBER AND DESCRIPTION	UNIT PRICE	EXTEND
	Battery 7PB towing	128.00 65.00	
Paid with M.C.			

NAME: _____

YEAR: 96 MAKE: Buick MODEL: Roadmaster LICENSE TAG NO.: SIXKA

VIN: 1G4BR82P1TR419817

DATE IN: 07/25/16 ODOMETER: 81344 DATE OUT: / / ODOMETER: _____

Intended Payment Method

CASH CHECK CREDIT CARD

PHONES #1: _____ #2: _____

#	DESCRIPTION	LABOR
	LUBE	<input type="checkbox"/>
	CHANGE OIL	<input type="checkbox"/>
	FLUSH TRANS. OFF	<input type="checkbox"/>

DESCRIPTION OF WORK	LABOR
1. Check for not starting. Battery shorted.	
2. Replace battery. check charging system	49.95
3.	
4.	
5.	

CHECK ONE

ESTIMATE

INVOICE

TOTAL PARTS → 193.00

TOTAL SUBLET REPAIRS → _____

month/ mile warranty

on all parts and labor unless otherwise specified.

TECHNICIAN SIGNATURE: X CERT. # _____

INCLUDE IN ESTIMATE \$ _____

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 _____

LABOR CHARGES BASED ON:

FLAT RATE _____

HOURLY RATE _____

BOTH ABOVE _____

ESTIMATE/DIAGNOSTIC FEE: \$ _____ PER ABOVE

\$ _____ /OR HOURLY AT \$ _____ PER HOUR

CHARGE FOR DISASSEMBLY AND/OR REASSEMBLY \$ _____

WE CANNOT REASSEMBLE: _____

SAVE OLD PARTS YES NO (Core may apply)

ESTIMATED COST OF REPAIR \$ _____ X

REVISED ESTIMATE \$ _____ X

FL BATT DISPOSAL \$ 2.00

FL TIRE DISPOSAL \$ _____

HAZARDOUS WASTE \$ _____

SHOP SUPPLIES \$ 3.00

ENVIRO CHARGE \$ _____

DAILY CHARGE FOR STORAGE AFTER 3 WORKING DAYS AFTER CUSTOMER NOTIFIED \$ _____ PER DAY

OTHER AUTHORIZED PERSON _____

ESTIMATE GOOD FOR 30 DAYS. I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the vehicle herein described for the purpose of testing and/or inspection. If there is a dispute over the final bill, the customer may bond the amount with your local clerk of the court, per FS 559.917. Failure to bond/pay the bill, may lead to implementation of FS 713.585; lien law. Repair shop will not be held responsible for loss or damage to the vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control. If it becomes necessary for you to employ a collection agency and/or an attorney to collect this account, I the undersigned agree to pay all court costs plus a reasonable attorney's fee.

TOTAL LABOR	49.95
TOTAL PARTS	193.00
SUBLET REPAIRS	
*** FEES	5.00
ESTIMATE CHARGE	
GAS & OIL	
SUB-TOTAL	247.95
TAX	17.35
TOTAL	265.30

The limited warranties applying to the parts listed herein are those which may be offered by the manufacturer. We hereby expressly disclaim all warranties, either expressed or implied, including any implied warranties of the merchantability or fitness for a particular purpose and neither assume, nor authorize any other person to assume for the company any liability in connection with the sale of this product's workmanship. The company is not entitled to recover from the company any consequential damages, to property, damages for loss of use, loss of time, loss of income, or any other damages.

A.S. AUTOMOTIVE, INC.

14088 S.W. 139 COURT
 MIAMI, FL 33186
 (305) 252-1107
 MVR 94101788 MV-06912



025143

Date: 06/17/16 Time:
 Proposed Completion Date:

Intended Payment Method

CASH CHECK CREDIT CARD

PAYMENT #1
 #2

#	DESCRIPTION	LABOR
	LUBE	<input type="checkbox"/>
	CHANGE OIL	<input type="checkbox"/>
	FLUSH TRANS DIFF	<input type="checkbox"/>

QUANTITY	PART NUMBER AND DESCRIPTION	UNIT PRICE	EXTEND
	ABS sensor	105.00	

YEAR: 06 MAKE: BUICK MODEL: ROADMASTER SIX LICENSE TAG NO. 6114

VIN: 1G74BR2ZP1R419817

IN DATE: 06/17/16 ODOMETER: 81210 OUT DATE: / / ODOMETER:

OPER # 1: Replace ABS sensor on the right front 80.00

OPER # 2: _____

OPER # 3: _____

OPER # 4: _____

OPER # 5: _____

CUSTOMER COMPLAINT/PROBLEM: _____

Paid with me.

ADDITIONAL PARTS ON BACK

CHECK ONE

ESTIMATE

INVOICE

TOTAL PARTS 105.00

TOTAL SUBLET REPAIRS 80.00

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

TECHNICIAN SIGNATURE: X CERT. # _____

INCLUDE IN ESTIMATE \$

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 _____

LABOR CHARGES BASED ON:

FLAT RATE _____

HOURLY RATE _____

BOTH ABOVE _____

ESTIMATE/DIAGNOSTIC FEE: \$ _____ /OR HOURLY AT \$ _____ PER HOUR

CHARGE FOR DISASSEMBLY AND/OR REASSEMBLY \$ _____

WE CANNOT REASSEMBLE: _____

SAVE OLD PARTS YES NO (Core may apply)

ESTIMATED COST OF REPAIR	REVISED ESTIMATE	TOTAL LABOR	TOTAL PARTS	SUBLET REPAIRS	*** FEES	ESTIMATE CHARGE	GAS & OIL	SUB-TOTAL	TAX	TOTAL
\$ _____ X	\$ _____ X	80.00	105.00		5.00			190.00	13.30	203.30
(**FS403.7185) FL BATT DISPOSAL \$ _____	* 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.									
(**FS403.718) FL TIRE DISPOSAL \$ _____	* HAZARDOUS WASTE \$ _____									
DAILY CHARGE FOR STORAGE AFTER 3 WORKING DAYS AFTER CUSTOMER NOTIFIED \$ _____ PER DAY	OTHER AUTHORIZED PERSON _____									
ESTIMATE GOOD FOR 30 DAYS. I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the vehicle herein described for the purpose of testing and/or inspection. If there is a dispute over the final bill, the customer may bond the amount with your local clerk of the court, per FS 559.917. Failure to bond/pay the bill, may lead to implementation of FS 713.585; lien law. Repair shop will not be held responsible for loss or damage to the vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control. If it becomes necessary for you to employ a collection agency and/or an attorney to collect this account, I the undersigned agree to pay all court costs plus a reasonable attorney's fee.										
X	D A T E									

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A-NC FL

A.S. AUTOMOTIVE, INC.

025115

14088 S.W. 139 COURT
 MIAMI, FL 33186
 (305) 252-1107
 MVR 94101788 MV-06912



Date: 06/13/16 Time: _____
 Proposed Completion Date: _____

Intended Payment Method

CASH CHECK CREDIT CARD

POSITION #1 _____
 #2 _____

#	DESCRIPTION	LABOR
	LUBE	<input type="checkbox"/>
	CHANGE OIL	<input type="checkbox"/>
	FLUSH TRANS. DIFF.	<input type="checkbox"/>

YEAR: 09/96 MAKE: Buick Limited MODEL: Wagon LICENSE TAG NO.: SIXKA
 VIN: 1G4BR8ZP1TR419817
 IN DATE: 06/13/16 ODOMETER: 081167 OUT DATE: / / ODOMETER: _____

OPER #	DESCRIPTION OF WORK	LABOR
1	Check blower motor staying on. Blower fan module shorted.	45.00
2	Replace blower fan module, repair the damaged wire.	95.00
3		
4		
5		

TECHNICIAN SIGNATURE: X CERT. # _____
 month/ mile warranty on all parts and labor unless otherwise specified.
 INCLUDE IN ESTIMATE \$ _____

ESTIMATED COST OF REPAIR	REVISED ESTIMATE	TOTAL LABOR	TOTAL PARTS	SUBLET REPAIRS	*** FEES	ESTIMATE CHARGE	GAS & OIL	SUB-TOTAL	TAX	TOTAL
\$ _____ X	\$ _____ X	140.00	199.80		5.00			344.80	24.13	368.93

QUANTITY	PART NUMBER AND DESCRIPTION	UNIT PRICE	EXTEND
	A/C Blower motor resistor module	199.80	

Paid MC 06/15/16

ADDITIONAL PARTS ON BACK

CHECK ONE	TOTAL PARTS → 199.80
<input type="checkbox"/> ESTIMATE	SUBLET REPAIRS
<input type="checkbox"/> INVOICE	TOTAL SUBLET REPAIRS →

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 _____

LABOR CHARGES BASED ON:
 FLAT RATE _____
 HOURLY RATE _____
 BOTH ABOVE _____ PER ABOVE
 ESTIMATE/DIAGNOSTIC FEE: \$ _____ /OR HOURLY AT \$ _____ PER HOUR
 CHARGE FOR DISASSEMBLY AND/OR REASSEMBLY \$ _____
 WE CANNOT REASSEMBLE: _____
 SAVE OLD PARTS YES NO (Core may apply)

The limited warranties applying to the parts listed herein are those which may be offered by the manufacturer. We hereby expressly disclaim all warranties, either expressed or implied, including any implied warranties of merchantability or fitness for a particular purpose and neither assume, nor authorize any other person to assume for us, any liability in connection with the sale of this part(s) and/or service. Buyer shall not be held to recover from the company any consequential damages for loss of use, loss of time, loss of profits or income, or any other incidental damages.

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A-1 F

A.S. AUTOMOTIVE, INC.

024688

14088 S.W. 139 COURT
 MIAMI, FL 33186
 (305) 252-1107
 MVR 94101788 MV-06912



Date: 02/04/16 Time: _____
 Proposed Completion Date: _____

Intended Payment Method

CASH CHECK CREDIT CARD

P #1: 305 608 0899
 O/E #2: _____

#	DESCRIPTION	LABOR
	LUBE	<input type="checkbox"/>
	CHANGE OIL	<input type="checkbox"/>
	FLUSH TRANS. DIFF.	<input type="checkbox"/>

NAME: _____ CELL PHONE: _____
 VIN: 1G4BR02P1TR419817
 IN DATE: 02/04/16 ODOMETER: 807217 OUT DATE: / / ODOMETER: _____
 OPER # 1
 MAKE: 96 Buick Roadmaster wagon MODEL: DBR Tel

DESCRIPTION OF WORK	LABOR
1 Replace inner & outer tie rod end on both side	
2 Install new idler arm & sway bar end links.	250.00
3 Align front end	39.95
4 Replace oil pan gasket set	300.00
5 CUSTOMER COMPLAINT/PROBLEM:	

QUANTITY	PART NUMBER AND DESCRIPTION	UNIT PRICE	EXTEND
2	Inner tie rod end	45.90	
2	Outer tie rod end	45.90	
2	sway bar end link	18.50	
	Idler Arm	49.95	
	oil Pan Gasket set	55.00	
2	oil Filter housing O'ring	8.00	
1 qt	mobila	8.00	

PAID WITH M.C.

ADDITIONAL PARTS ON BACK

CHECK ONE: ESTIMATE INVOICE

TOTAL PARTS: 231.25

TOTAL SUBLET REPAIRS: 10.00

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

TECHNICIAN SIGNATURE: X CERT. # _____

INCLUDE IN ESTIMATE: \$

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: [Signature] DATE: _____

LABOR CHARGES BASED ON: FLAT RATE HOURLY RATE BOTH ABOVE PER ABOVE

ESTIMATE/DIAGNOSTIC FEE: \$ _____ /OR HOURLY AT \$ _____ PER HOUR

CHARGE FOR DISASSEMBLY AND/OR REASSEMBLY: \$ _____

WE CANNOT REASSEMBLE:

SAVE OLD PARTS: YES NO (Core may apply)

ESTIMATED COST OF REPAIR: \$ _____ X

REVISED ESTIMATE: \$ _____ X

DAILY CHARGING FOR STORAGE AFTER 3 WORKING DAYS AFTER CUSTOMER NOTIFIED: \$ _____ PER DAY

OTHER AUTHORIZED PERSON: _____

ESTIMATE GOOD FOR 30 DAYS. I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the vehicle herein described for the purpose of testing and/or inspection. If there is a dispute over the final bill, the customer may bond the amount with your local clerk of the court, per FS 559.917. Failure to bond/pay the bill, may lead to implementation of FS 713.585; lien law. Repair shop will not be held responsible for loss or damage to the vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control. If it becomes necessary for you to employ a collection agency and/or an attorney to collect this account, I the undersigned agree to pay all court costs plus a reasonable attorney's fee.

DATE: _____

	TOTAL LABOR	TOTAL PARTS	SUBLET REPAIRS	FEES	ESTIMATE CHARGE	GAS & OIL	SUB-TOTAL	TAX	TOTAL
	589.95	231.25		10.00			831.20	58.18	889.38

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A.S. AUTOMOTIVE, INC.

023480

14088 S.W. 139 COURT
 MIAMI, FL 33186
 (305) 252-1107
 MVR 94101788 MV-06912



Date: _____ Time: _____
 Proposed Completion Date: _____

Intended Payment Method
 CASH CHECK CREDIT CARD

PHONE #
 18

#	DESCRIPTION	LABOR
	LUBE	<input type="checkbox"/>
	CHANGE OIL	<input type="checkbox"/>
	FLUSH TRANS DIFF	<input type="checkbox"/>

NAME _____ CELL PHONE _____

76 Buick Estate Wagon WDK 101

VIN 1G4BR82P1TR419817

IN DATE 01/6/15 ODOMETER 77867 OUT DATE / / ODOMETER

OPER #	DESCRIPTION OF WORK	LABOR
1	Apply under coating to the car (P&L)	400.00
2	Brush the Exhaust Muffler & Pipe, Paint with high Temp Paint.	55.00
3	Service Rear Brake, Adjust the Shoes & Parking Brakes	90.00
4	Install new Air Shock in the Back. Replace Transmission Shifter Seal	110.00 NIC
5		

QUANTITY	PART NUMBER AND DESCRIPTION	UNIT PRICE	EXTEND
	Rear Air Shocks	140.00	
3	Can High Temp Paint	24.00	

CHECK ONE	TOTAL PARTS → 164.00
<input type="checkbox"/> ESTIMATE	SUBLET REPAIRS
<input type="checkbox"/> INVOICE	TOTAL SUBLET REPAIRS →

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

TECHNICIAN SIGNATURE X CERT. # GR REVISED ESTIMATE \$

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 *[Signature]* DATE _____

LABOR CHARGES BASED ON:

FLAT RATE _____ CIRCLE

HOURLY RATE _____

BOTH ABOVE _____ PER ABOVE

ESTIMATE/DIAGNOSTIC FEE: \$ _____ /OR HOURLY AT \$ _____ PER HOUR

CHARGE FOR DISASSEMBLY AND/OR REASSEMBLY \$ _____

WE CANNOT REASSEMBLE: _____

SAVE OLD PARTS YES NO (Core may apply)

ESTIMATED COST OF REPAIR \$ _____ X

FL BATT DISPOSAL \$ _____

FL TIRE DISPOSAL \$ _____

DAILY CHARGE FOR STORAGE AFTER 3 WORKING DAYS AFTER CUSTOMER NOTIFIED \$ _____ PER DAY

ESTIMATE GOOD FOR 30 DAYS. I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the vehicle herein described for the purpose of testing and/or inspection. If there is a dispute over the final bill, the customer may bond the amount with your local clerk of the court, per FS 559.917. Failure to bond/pay the bill, may lead to implementation of FS 713.585: lien law. Repair shop will not be held responsible for loss or damage to the vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control. If it becomes necessary for you to employ a collection agency and/or an attorney to collect this account, I the undersigned agree to pay all court costs plus a reasonable attorney's fee.

DATE / /

TOTAL LABOR	655.00
TOTAL PARTS	164.00
SUBLET REPAIRS	
*** FEES	15.00
ESTIMATE CHARGE	
GAS & OIL	
SUB-TOTAL	834.00
TAX	58.38
TOTAL	892.38

The limited warranties applying to the parts listed herein are those which may be offered by the manufacturer. We hereby expressly disclaim all warranties, either expressed or implied, including any implied warranties of merchantability, fitness for a particular purpose, or any other implied warranties. We do not assume any liability in connection with the sale of this part(s) and/or any consequential damages, to property, damages for loss of use, loss of profits or income, or any other incidental or consequential damages.

A.S. AUTOMOTIVE, INC.

14088 S.W. 139 COURT
 MIAMI, FL 33186
 (305) 252-1107
 MVR 94101788 MV-06912



omarsix@hotm 023200

Date: _____ Time: _____

Proposed Completion Date: _____

Intended Payment Method

CASH CHECK CREDIT CARD

PAYMENT #1 _____
 #2 _____

#	DESCRIPTION	LABOR
---	-------------	-------

	LUBE	<input type="checkbox"/>
	CHANGE OIL	<input type="checkbox"/>
	FLUSH TRANS DIFF	<input type="checkbox"/>

QUANTITY	PART NUMBER AND DESCRIPTION	UNIT PRICE	EXTEND
2	front Shock Absorbers	Inc 100.00	
2	front Brake Rotors	CA 120.00	
	front Brake Pads	WP 45.00	
2	Grease Seals	TPH 8.00	
	Brake fluid	6.00	
	Rear diff. Pinion Seal	TPH 19.90	
	Fuel Filter	10.00	
8	Plat Spark Plugs (AcDel)	~ 52.00	
	Evap Solenoid	NP 45.10	
	Gear Oil	18.00	
	ATF	28.00	

96 Buick Estate Wagon 5.7 DBR T61

VIN: 1G4BR82P1TR419817

IN DATE: 11/03/14 ODOMETER: 76821

OUT DATE: / / ODOMETER: / /

DESCRIPTION OF WORK	LABOR
1 Replace differential Pinion Seal & differential fluid	98.00
Replace all Spark Plugs	90.00
2 Pack front Wheel Bearing, Install new Rotors, Seals & Pads, Service & Adjust Rear Brakes.	140.00
3 Replace both Shock Absorbers	52.00
Align front End.	39.95
4 Replace fuel filter	30.00
Balance & Rotate tires	40.00
Repair transmission leak, Install new Seal.	110.00
5 Replace Evap Solenoid, Install new Hose	52.00
CUSTOMER COMPLAINT/PROBLEM: Lubricate the chassis, check all fluid level	NIC

CHECK ONE

ESTIMATE

INVOICE

TOTAL PARTS → 452.00

TOTAL SUBLET REPAIRS →

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

TECHNICIAN SIGNATURE: X JS

CERT. # JS

INCLUDE IN ESTIMATE: \$

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: 11/03/14

LABOR CHARGES BASED ON:	ESTIMATED COST OF REPAIR	REVISED ESTIMATE	TOTAL LABOR
FLAT RATE	\$	\$	651.95
HOURLY RATE	\$	\$	
BOTH ABOVE	\$	\$	
ESTIMATE/DIAGNOSTIC FEE:			
PER ABOVE			
ESTIMATE/DIAGNOSTIC FEE:			
OR HOURLY AT			
PER HOUR			
CHARGE FOR DISASSEMBLY AND/OR REASSEMBLY			
WE CANNOT REASSEMBLE:			
SAVE OLD PARTS			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
(Core may apply)			
DAILY CHARGE FOR STORAGE AFTER 3 WORKING DAYS AFTER CUSTOMER NOTIFIED			
ESTIMATE GOOD FOR 30 DAYS. I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the vehicle herein described for the purpose of testing and/or inspection. If there is a dispute over the final bill, the customer may bond the amount with your local clerk of the court, per FS 559.917. Failure to bond/pay the bill, may lead to implementation of FS 713.585; lien law. Repair shop will not be held responsible for loss or damage to the vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control. If it becomes necessary for you to employ a collection agency and/or an attorney to collect this account, I the undersigned agree to pay all court costs plus a reasonable attorney's fee.			
DATE: / /			
TOTAL			1123.95
TAX			78.67
TOTAL			1202.62

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