

PARTS CODE (CD): N-NEW U-USED R-REBUILT RC-RECONDITIONED
 FM-FREE UNDER WARRANTY RW-REDUCED COST UNDER WARRANTY

Estimate Invoice

ABS EXOTIC REPAIR INC
 700 NORTH ANDREWS AVENUE, FT LAUDERDALE, FL 33311
 954-522-0070
 AR 964 / MV 25038

0023

QUAN. CD	PART NO. DESCRIPTION	UNIT	AMOUNT	NAME	ADDRESS	CITY	STATE	APT. NO.	BUS. PHONE	DATE
										TIME RECEIVED
										PROMISED DATE
										RES. PHONE
										PHONE WHEN READY
										<input type="checkbox"/> YES <input type="checkbox"/> NO
										CUSTOMER ORDER NO.
										ESTIMATOR/WRITER
										RETAIN PARTS
										<input type="checkbox"/> YES <input type="checkbox"/> NO

YEAR-MAKE-MODEL	ENGINE TYPE	LICENSE NO.	VEHICLE ID NO.	ODOMETER-IN	ODOMETER-OUT	DAILY STORAGE \$	ESTIMATE / DIAGNOSTIC FEE:	OR HOURLY AT \$	PER HR.
							\$		

RATE	<input type="checkbox"/> FLAT	<input type="checkbox"/> HRLY	<input type="checkbox"/> BOTH	<input type="checkbox"/> CASH	<input type="checkbox"/> CHARGE	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK
CUSTOMER COMPLAINT/PROBLEM:							

Serv. Tech.	DESCRIPTION	QUANTITY	UNIT	AMOUNT	LABOR
	SPECIAL REPAIRS				
	BROUGHT FORWARD				
	TOTAL PARTS				

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 _____

REPAIR ORDER - LABOR INSTRUCTIONS

SAVE REPLACED PARTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL LABOR	
We guarantee our service work for _____ days or _____ miles, whichever comes first.			TOTAL PARTS	
DAILY STORAGE CHARGES: \$_____ /DAY			REPAIR ESTIMATE CHARGES	
NO DAILY STORAGE CHARGES SHALL ACCRUE OR BE DUE AND PAYABLE FOR A PERIOD OF 3 WORKING DAYS FROM THE DAY CUSTOMER IS NOTIFIED OF WORK COMPLETION			**SHOP SUPPLIES	
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.			**FEES	
I WAIVE REASSEMBLY OF MY VEHICLE INITIAL: _____			SUB TOTAL	
Estimates 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 any reason, a tear down and reassembly fee of \$_____ will be applied.			TAX	
			GAS	
			TOTAL AMOUNT	

X _____ DATE _____

VISUAL TIRE INSPECTION:

RR _____

RF _____

LR _____
LF _____

RIM DAMAGES

IR _____
IF _____
RF _____
LF _____

