CUSTOMER'S INFORMATION

NAME:		DATE IN:	
ADDRESS:			
CITY, STATE, ZIP:			
EMAIL:			

VEHICLE INFORMATION

YEAR, MAKE, MODEL:			
VIN:		MILEAGE:	

QTY	UNIT PRICE	NAME OF PART	PRICE
		TOTAL PARTS:	

DESCRIPTON OF LABOR	HOURS	UNIT PRICE	TOTAL
		LABOR TOTAL:	

METHOD OF PAYMENT			
CHECK	CHARGE	CASH	OTHER

LABOR	
PARTS	
ACCESSORIES	
GAS, OIL & GREASE	
MISC	
SUBLET REPAIRS	
STORAGE FEE	
TAX 6%	
TOTAL	

STORAGE — DAYS_____ $_____ Per Day = _____

AUTHORIZED BY

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT UNDER STATE LAW I AM ENTITLED TO A WRITTEN ESTIMATE INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED $100 ($50 IN MD).

___I REQUEST A WRITTEN ESTIMATE, THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL

___I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG 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.

YOU AGREE TO DAILY STORAGE FEE OF $ _____AFTER _____DAYS AFTER REPAIR WORK HAS BEEN COMPLETED AND CUSTOMER HAS BEEN NOTIFIED.

YOU ARE ENTITLED TO THE RETURN OF PARTS REPLACED, EXCEPT THOSE FOR WHICH THERE IS A CORE CHARGE, UNLESS YOU AGREE OTHERWISE BY INITIATING THE FOLLWING: _____I DO NOT DESIRE THE RETURN OF ANY OF THE PARTS THAT ARE REPLACED DURING THE AUTHORIZED REPAIRS.

ESTIMATE GOOD FOR 30 DAYS. NOT RESPONSIBLE FOR DAMAGE CAUSED BY THEFT, FIRE OR ACTS OF NATURE. I AUTHORIZE THE ABOVE REPAIRS ALONG WITH ANY NECESSARY MATERIALS. I AUTHORIZE YOU AND YOUR EMPLOYEES TO OPERATE MY VEHICLE FOR THE PURPOSE OF TESTING, INSPECTION, AND DELIVERY ATMY RISK. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON THE ABOVE VEHICLE TO SECURE THE AMOUNT OF THE REPAIRS AND STORAGE CHARGES IF APPLICABLE THERETO. IF I CANCEL REPAIRS PRIOR TO THEIR COMPLETION FOR ANY REASON, A TEAR DOWN AND REASSEMBLY FEE OF $_____WILL BE APPLIED

SIGNED_____

DATE_____