

<b>Name</b>	Rather, Dan	<b>Company</b>		<b>Created Time</b>	02/01/02 5:38 PM	<b>Year</b>	1997
<b>Address</b>	Radio City Boulevard	<b>Address 2</b>			03/17/03	<b>Make</b>	Oldsmobile
	Radio City, NY 34560	<b>Key Tag#</b>		<b>Advisor</b>	Demo	<b>Model</b>	Aurora
<b>Home</b>	123-345-6789	<b>V.I.N. #</b>	WERW2345230415U23	<b>Division</b>	AR	<b>Lic#</b>	567DFD
<b>Work</b>	654-234-1234	<b>Eng. Data</b>	4.1	<b>PO#</b>		<b>Fleet#</b>	
<b>Fax</b>	333-444-5555	<b>Key Number</b>		<b>Page#</b>	1 of 1	<b>Color</b>	
<b>Astrology</b>						<b>Miles In</b>	0

### Job Description

<b>Replace front brake pads</b> Service sliders Check brake fluid level Road test	Estimated Total	\$111.00
--	-----------------	----------

<b>Replace rear brake pads</b> Service sliders Road test	Estimated Total	\$99.00
--	-----------------	---------

### 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 \_\_\_\_\_

U/Used R/Rebuilt RC/Reconditioned NC/No Chg/Warranty RD/Reduced Warranty

Alternate designated person allowed to authorize repairs and estimates  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**12 Month/ 12,000 Mile Warranty**  
On all parts and labor unless specified otherwise.

Intended Payment Method  Cash  Check  Charge  
Card # \_\_\_\_\_ Type \_\_\_\_\_ Exp \_\_\_\_\_

Save Old Parts (Core May Apply)  YES  NO  
Proposed Completion Date \_\_\_\_\_ Time \_\_\_\_\_

LABOR CHARGES BASED ON  
FLAT RATE \_\_\_\_\_ HOURLY RATE \_\_\_\_\_ BOTH APPLY \_\_\_\_\_

A storage fee of \$15.00 per day may be applied to vehicles which are not claimed within 3 days of notification of completion.

### Demo Motors | 123 Main Street | Anywhere, US 00000

Tel: 800-YES-GEN-4 | Fax: 978-856-2209 | www.genesisfour.com

I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highway or elsewhere for the purpose of testing and/or inspection. An express garagemen's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. I understand that I have the right to know before authorizing my repairs what the repairs to my car will be and what their costs will be. You need not obtain approval from me prior to performing repairs what the repairs will be or their cost if the total amount for such repairs does not exceed authorized amount.

### ESTIMATE/DIAGNOSTIC FEE

\$ \_\_\_\_\_ OR  
\$ \_\_\_\_\_ PER HOUR

The shop supplies charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal. FS403.718 mandates \$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.

### FLORIDA REGISTRATION

**MV-00000**

Signature \_\_\_\_\_

Total Authorized Amount: \$210.00