

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 _____

Collision Arts Auto Body
819 NW 7th Avenue
Ft. Lauderdale, FL 33311
954-627-2525
KPetron@CollisionArtsFL.com

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____
 Other Authorized Person: _____ Phone #: _____
 Date: _____ Time: _____ Proposed Completion Date: _____

INVOICE ESTIMATE

*U/Used R/Repaired A/Aftermarket S/Straightened M/Manufacturers Part

Qty	*	Part No.	Description	LABOR HOURS			
				Body	Paint	Frame	Mech

All parts and labor are warranted for _____ months/ _____ miles unless otherwise stated.

Vehicle Information:
 Vin: _____
 Yr/Make: _____
 Model: _____
 Tag: _____
 Miles In: _____
 Miles Out: _____
 Save Parts: No
 Core may apply Yes
Charges based on:
 Hourly Rate _____
 Flat Rate _____
 Both Apply _____
Estimate/Diagnosis:
 Fee: \$ _____ or
 Hourly at \$ _____/hr.
Payment Method:
 Cash Check Visa
 MC Amex

Customer Complaint/Problem: _____ **Estimated Cost: \$** _____

This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal. *s. 403.718, F.S. mandates a \$1.00 fee for each new tire sold in the State of Florida. ***s. 403.7185, F.S. mandates a \$1.50 fee for each new or remanufactured battery sold in the State of Florida.

Estimate good for 30 days. Facility is not responsible for damage caused by theft, fire or acts of nature. I authorize the above repairs to my vehicle including the necessary materials and sublet work. You and your employees may operate my vehicle for the purpose of testing, inspection and delivery at my risk. If I cancel repairs to my vehicle for any reason, I understand that a teardown and reassemble fees of \$ _____ will apply. I understand that a charge of \$ _____ per day will be charged if I fail to pick up my vehicle within (3) working days of notification of completion.
 Signature: _____ Date: _____

Body Hours/@	\$	Parts:	\$
Paint Hours/@	\$	Labor:	\$
Mech Hours/@	\$	**Shop Sup:	\$
Paint Supplies	\$	Sublet:	\$
Body Supplies	\$	***Fees:	\$
Tow/Storage	\$	Subtotal:	\$
Epa/Waste	\$	Tax:	\$
Miscellaneous	\$	Total:	\$