

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 _____

Economy Body Shop Inc.
 2240 Davis Blvd.
 Naples, FL 34104
 239-775-6860
 Florida Registration #MV-739
 Fed. I.D. #59-2688413

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

<input type="checkbox"/> INVOICE		<input type="checkbox"/> ESTIMATE	
LABOR HOURS		All parts and labor are warrantied for _____ months/ _____ miles unless otherwise stated.	
Body	Paint	Frame	Mech
			Vehicle Information:
			Vin: _____
			Yr/Make: _____
			Model: _____
			Tag: _____
			Miles In: _____
			Miles Out: _____
			Save Parts: <input type="checkbox"/> No Core may apply --- <input type="checkbox"/> Yes
			Charges based on: <input type="checkbox"/> Hourly Rate _____ <input type="checkbox"/> Flat Rate _____ <input type="checkbox"/> Both Apply _____
			Estimate/Diagnosis: Fee: \$ _____ or Hourly at \$ _____/hr.
			Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex
			Estimated Cost: \$ _____

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

Qty	*	Part No.	Description

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:	\$