

1306 W. Kennedy Blvd. Tampa, FL 33606 (813) 251-2765 www.fermanauto.com

SERVICE DEPARTMENT HOURS
7:30 a.m. to 6:00 p.m.
Monday - Friday
8:00 a.m. to 4:00 p.m. Saturday

R/O Number
Time Promised
Mileage Out

Estimate of Repairs Service Advisor / Key Tag #

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				W	ark Phone	Vahiala Idar	itification Number	
				VV	ork Phone	verlicie ider	unication Number	
				Ho	me Phone	Delivery Date	In-Service Date	
Year	Make		Model		Body	Color	License Number	
Job Number	Description	n of Work					Code	
4.								
8 2								
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Job Number	Description	n of Work					Code	
_	Воотрыс	TO TOTAL					0000	
2.								
S000000 12								
Job Number	Description	n of Work					Code	
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3.								
Job Number	Description	n of Work					Code	
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Sandy 8								
	l						I.	
lab Number	Description	of Morle					Codo	
Job Number	Description	n of Work					Code	
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responsible for loss or d	lamage to vehicle or article	es left in vehicle in ca	ong with the necessary materia ase of fire, theft, or any other	cause beyond your control or		ND CAREFULLY ENTS BELOW A	, CHECK ONE O	F
your employees permiss	sion to operate the vehicle	herein described on	ents by the supplier or transport n streets, highwaysor elsewh	ere for the purpose of testing	I UNDERSTA	ND THAT UNDE	ER STATE LAW,	
LIMITED WARRANTY:	Parts and labor are guara	anteed for 12 month	d on above vehicle to secure this or 12,000 miles, whichever	r comes first. Seller does no	HAW ENTILE	D TO A WRITT L WILL EXCEEI	EN ESTIMATE, Î	iF
description of the compl	aint.		and/or repair order will correct		☐ I REQUES	T A WRITTEN ES	STIMATE.	
	scellaneous Supplies: a uch as miscellaneous sho		arge that represents costs and vaste disposal expenses.	or profile to the motor vehicle			RITTEN ESTIMAT COSTS DO NO	_
	·	•	r facility for miscellaneous sho we tire sold in the state [s.403.		EXCEED \$	TH	E SHOP MAY NO	T
collected for each new o	r remanufactured battery	sold in the state [s.4	403.7185].	-	EXCEED THIS	S AMOUNT WITH	OUT MY WRITTE	N
A storage fee of \$5.00 p	er day may be applied to v	ehicles which are no	ot claimed within 3 working day:	s of notification of completion			ITTEN ESTIMATI	E.
Customer's					SIGNED_		DATE	
Signature: METHOD OF PAYMENT	: CASH	CHECK	TERMS: STRICTLY CASH UN CREDIT CARE		NAME AND PHONE NUMBE NAME:		MAY AUTHORIZE REPAIR WORK IONE:	: [
BASIS FOR CHARGE:	FLAT RATE	HOURLY RA			ORIGINAL ESTIMATE (PARTS & LABOR) \$	AD	D'L REPAIRS ('D BY:	
RETAIN PARTS:	YES YES	□ NO	ALL PARTS INSTA	ED <u>OT</u> HERWISE.	AUTHORIZED ADD'L REPAIRS \$	_	TIME	\dashv
F THE <u>CH</u> ARGE FOR F	PREPAIRING AN ESTIMA	TE CANNOT BE P	USED REBUILT	RGE WILL BE BASED ON:	TOTAL \$			
FLAT RATI	=	HOURLY	KAIL	BOTH		(C) 2010 Dealertra	ck, Inc Dealership Application Group (800) 945	5-1028



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R/O Open Date	R/O Number
Time Received	Time Promised
Current Mileage	Mileage Out
Ourrent Mileage	Willeage Out
	/ / - "

Estimate of Repairs	Service Advisor / Key Tag #		

				Wor	k Phone Vehicle Identifica		ntification Number
				Hom	ne Phone	Delivery Date	In-Service Date
Year	Make		Model		Body	Color	License Number
roai	Marko		Model		Joay	00101	Electico Marrisor
		<u> </u>		l			
Job Numb	er Descript	ion of Work					Code
4							
1.							
Job Numb	er Descript	ion of Work					Code
9							
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Job Numb	er Descript	ion of Work					Code
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3.							

Job Numb	er Descript	ion of Work					Code
Λ							
Мф.							
Job Numb	or Doscript	ion of Work					Code
300 Numb	el Descript	IOIT OF VVOIK					Code
5							
New / N							
responsible for loss	or damage to vehicle or artic	cles left in vehicle in cas	g with the necessary material and e of fire, theft, or any other cause	e beyond your control or	PLEASE REA	ND CAREFULLY ENTS BELOW A	, CHECK ONE OF
your employees pe	mission to operate the vehic	le herein described on s	s by the supplier or transporter. I treets, highwaysor elsewhere fo on above vehicle to secure the ar	r the purpose of testing	I UNDERSTA	ND THAT UNDE	ER STATE LAW, I
LIMITED WARRAN	ITY: Parts and labor are gua	ranteed for 12 months	or 12,000 miles, whichever come for repair order will correct any p	es first. Seller does not		L WILL EXCEEI	EN ESTIMATE, ÎF D \$100.
description of the c	omplaint.		e that represents costs and/or pro	·	☐ I REQUES	T A WRITTEN ES	STIMATE.
repair facility for ite	ns such as miscellaneous sh	op supplies and/or was	te disposal expenses.			S THE REPAIR	RITTEN ESTIMATE COSTS DO NOT
*** State of Florida	requires a \$1.00 fee to be	collected for each new t	cility for miscellaneous shop sup tire sold in the state [s.403.718],		EXCEED \$		E SHOP MAY NOT OUT MY WRITTEN
	ew or remanufactured batter	•	3.7185]. claimed within 3 working days of n	notification of completion.	OR ORAL AP		1001 WIT WRITTEN
ÿ y .	. , , , , , , , , , , , , , , , , , , ,		3 - 1,7 - 1			REQUEST A WR	RITTEN ESTIMATE.
Customer's Signature:		т	ERMS: STRICTLY CASH UNLESS	ARRANGEMENTS MADE	SIGNED NAME AND PHONE NUMBE	R OF ANOTHER PERSON WHO	DATE MAY AUTHORIZE REPAIR WORK:
METHOD OF PAYN		CHECK	CREDIT CARD	OTHER	NAME: ORIGINAL ESTIMATE	Pl	HONE:
BASIS FOR CHAR RETAIN PARTS:	FLAT RATE YES	☐ HOURLY RATI	ALL PARTS INSTALLE		(PARTS & LABOR) \$		DD'L REPAIRS ('D BY:
APPOINTMENT:	YES	□ NO □		RECONDITIONED	ADD'L REPAIRS \$	DA	TIME TIME
F THE CHARGE F FLAT I		ATE CANNOT BE PRE HOURLY RA	EDETERMINED THE CHARGE ATE	BOTH	TOTAL \$	(C) 2010 Dealertra	ck, Inc Dealership Application Group (800) 945-1028