



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 Open Date	R/O Number
Time Received	Time Promised
Current Mileage	Mileage Out
Estimate of Repairs	Service Advisor / Key Tag #

			Work Phone	Vehicle Identification Number	
			Home Phone	Delivery Date	In-Service Date
			Body	Color	License Number
Year	Make	Model			

Job Number	Description of Work	Code
1.		

Job Number	Description of Work	Code
2.		

Job Number	Description of Work	Code
3.		

Job Number	Description of Work	Code
4.		

Job Number	Description of Work	Code
5.		

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 shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

Hazardous Waste Miscellaneous Supplies: There may be a charge that represents costs and/or profile to the motor vehicle repair facility for items such as miscellaneous shop supplies and/or waste disposal expenses.

** This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.

*** State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state [s.403.718], and a \$1.50 fee to be collected for each new or remanufactured battery sold in the state [s.403.7185].

A storage fee of \$5.00 per day may be applied to vehicles which are not claimed within 3 working days of notification of completion.

Customer's Signature: _____ TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE

METHOD OF PAYMENT:	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> OTHER
BASIS FOR CHARGE:	<input type="checkbox"/> FLAT RATE	<input type="checkbox"/> HOURLY RATE	<input type="checkbox"/> BOTH	
RETAIN PARTS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.	
APPOINTMENT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> USED	<input type="checkbox"/> REBUILT <input type="checkbox"/> RECONDITIONED
IF THE CHARGE FOR PREPARING AN ESTIMATE CANNOT BE PREDETERMINED THE CHARGE WILL BE BASED ON:				
	<input type="checkbox"/> FLAT RATE	<input type="checkbox"/> HOURLY RATE	<input type="checkbox"/> BOTH	

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 _____

NAME AND PHONE NUMBER OF ANOTHER PERSON WHO MAY AUTHORIZE REPAIR WORK:

NAME:	PHONE:	
ORIGINAL ESTIMATE (PARTS & LABOR) \$	ADD'L REPAIRS OK'D BY:	
AUTHORIZED ADD'L REPAIRS \$	DATE	TIME
TOTAL \$		



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METHOD OF PAYMENT: ☐ CASH ☐ CHECK ☐ CREDIT CARD ☐ OTHER

BASIS FOR CHARGE: ☐ FLAT RATE ☐ HOURLY RATE ☐ BOTH

RETAIN PARTS: ☐ YES ☐ NO

APPOINTMENT: ☐ YES ☐ NO

IF THE CHARGE FOR PREPARING AN ESTIMATE CANNOT BE PREDETERMINED THE CHARGE WILL BE BASED ON: ☐ FLAT RATE ☐ HOURLY RATE ☐ BOTH

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