Bishop's body shop

1111 W. CANAL STREET
NEW SMYRNA BEACH, FL 32168
Phone: (386) 427-3538 Fax: (386) 428-1096

MV-03680 ***FREE ESTIMATES***

PARTS CODE (CD): N-NEW U-USED R-REBUILT RC-RECONDITIONED
FW-FREE UNDER WARRANTY RW-REDUCED COST UNDER WARRANTY

QUAN.	CD	PART NO. DESCRIPTION	UNIT		AMOUNT	
		SPECIAL REPAIRS				
		BROUGHT FORWARD				
		TOTAL PARTS				

REPAIR ORDER

Date

Time Received A.M. P.M.

Name — Proposed Completion Date

Address — Apt. No. — PHONE Bus.

City — State — Zip — Res.

Name of Additional Person Who May Authorize Repair Work — Phone — Phone when ready ☐ Yes ☐ No

Year-Make-Model — Engine Type ☐ 4 Cyl. ☐ 6 Cyl. ☐ 8 Cyl. ☐ Rot. — License Tag # — Cust. Order No.

Vehicle I.D. No. — Odometer-In — Odometer-Out — Estimator/Writer

Labor Charges:
☐ Flat Rate _____ ☐ Hourly Rate _____
☐ Both Apply

Estimate/Diagnostic Fee:
$_____ /or Hourly at $_____ Per Hour
☐ Cash ☐ Check ☐ Credit Card ☐ Charge

Unless otherwise provided by law, the seller (above named dealership) hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

REPAIR ORDER • LABOR INSTRUCTIONS	Serv. Tech.	Est. Time Hrs.	Est. Time 10's	Estimated Amount		Actual Amount	

SAVE REPLACED PARTS ☐ YES ☐ NO

We guarantee our service work for _____ days or _____ miles, whichever comes first.

DAILY STORAGE CHARGES: *$ _____ /DAY
*NO DAILY STORAGE CHARGES SHALL ACCRUE OR BE DUE AND PAYABLE FOR A PERIOD OF 3 WORKING DAYS FROM THE DAY CUSTOMER IS NOTIFIED OF WORK COMPLETION.

(E.g., the 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]). *This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.*

I WAIVE REASSEMBLY OF MY VEHICLE INITIAL:_____

I hereby authorize the repair work herein 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.

X _____
AUTHORIZED SIGNATURE

	Estimated	Actual
Estimated Cost of Repair Work		
Total Labor		
Total Parts		
Repair Estimate Charges		
Sub Total		
Tax		
Gas		
TOTAL AMOUNT		

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 X _____ DATE _____

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