

Production Date <input type="text"/>	Year <input type="text"/>	Make <input type="text"/>	Model <input type="text"/>	First Name <input type="text"/>	Middle Initial <input type="text"/>	Last Name <input type="text"/>		
Mileage In (no10ths) <input type="text"/>	MileageOut <input type="text"/>	Tag # (use zeros, no hyphens unless on tag) <input type="text"/>	LOCAL Gainesville Address (If just passing through town, your home address) Apartment # <input type="text"/>			Date Received <input type="text"/>	Time Received <input type="text"/>	
VEHICLE NOTES:			City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Date Promised <input type="text"/>	Time Promised <input type="text"/>	
"Fresh" Body damage found on vehicle: Yes No			Home Land Line <input type="text"/>	Office Land Line <input type="text"/>	Second Person Who May Authorize Repairs and Their Phone Number. <input type="text"/>			
If so, please describe:			Cell Phone Number <input type="text"/>	Email Address <input type="text"/>	Do You Want Your Old Parts Back? Yes No	Debit or Charge Cash Check		
			Eng. Type (circle one) F4 F6 L4 L5 L6 V6 V8 V12 Rotary F= Flat or opposed cylinders.	Engine Size <input type="text"/>	# of Valves _____ CARB SOHC DOHC Turbo Diesel Supercharger	Vehicle Identification Number <input type="text"/>		
Repaired front end damage- No Emission Sticker? Yes No			Engine # _____	Engine Name (MAGNUM, VORTEC VTEC ZTEC, ZETEC I-VTEC VVT-I ECOTEC POWERTECH, Series II etc.	Transmission STD 4 5 6- gears? AUTO 3 4 5 6 -gears? AOD Overdrive 4x4 2WD AWD	2DR 3DR 4DR 5DR Hatchback Wagon Convertible Pick-Up Van SUV (Circle one)	ABS Power steering Power Brakes A/C (Circle, if applicable)	Color <input type="text"/> Writer <input type="text"/>
Repaired Driver side damage- No Jamb Sticker? Yes No			Chassis# _____					
STORAGE CHARGES: No storage charges shall accrue or be due and payable for a period of 3 working days from the date you are notified that the work on your vehicle has been completed. After that date, the daily charge for storage of your vehicle may be up to \$25.00 per day.			Carrsmith 2205 SW 13 TH Street/Gainesville, Fl 32608 PH: (352) 378-7830 www.carrsmith.com MV1637				<u>ALWAYS</u> verify in Client & Vehicle Editor <u>BEFORE</u> starting a new invoice!	
ESTIMATE CHARGE: \$ _____			Concerns Customer Wants Us To Address/Customer Concerns					
TIRE DISPOSAL FEE: FLA ADMIN. CODE 403.718 (\$1.00 ON ANY NEW TIRE)								
BATTERY DISPOSAL FEE: CODE 403.7185 (\$1.50 ON ANY NEW BATTERY)								
A SHOP SUPPLIES CHARGE WILL BE LEVIED AGAINST THIS WORK ORDER. THIS REPRESENTS COSTS AND PROFITS TO THE MOTOR VEHICLE REPAIR FACILITY FOR MISCELLANEOUS SHOP SUPPLIES OR WASTE DISPOSAL. F/S 559.905 (1) (H)			SHOP SUPPLIES					
			HAZARDOUS WASTE DISP					
			TOTAL DISPOSAL FEES					
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 \$100.00.								
<input type="checkbox"/> I REQUEST A WRITTEN ESTIMATE								
<input type="checkbox"/> 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.								
<input type="checkbox"/> I DO NOT REQUEST A WRITTEN ESTIMATE.								
SIGNED _____ DATE _____								
Florida Statute: 559.905								
			CODE	I hereby authorize Carrsmith to check the concerns, and/or perform services, and/or make repairs as listed above, along with necessary materials. I agree that Carrsmith is NOT responsible for any loss or damage to this vehicle, articles left in the vehicle or any loss due to fire or theft. For my own protection I will remove all personal effects such as, radio faceplates, handbags, backpacks, briefcases, etc. from the vehicle before leaving it for service. I agree that should I experience any loss, which I want insurance to cover, I will submit the claim to my own insurance company. I understand I am entitled to the return or inspection of my replacement parts. Carrsmith will retain them until my car leaves the shop. If I do not take them at that time I authorize Carrsmith to dispose of them. I, the undersigned, hereby grant Carrsmith permission to operate the vehicle described above on streets, highways or elsewhere for the purpose of testing and/or inspection. I understand that up to \$25 per day storage will accrue beginning 72 hours from the date I am notified that Carrsmith has completed work on my vehicle, or from the time I have been given the estimate in cases where no work is done, unless other arrangements are made.				
			CUSTOMER SIGNATURE: X _____		DATE: _____			