Production Date		Year		Make	Model		First Nam	First Name Middle Initial Last Name											
Milea (no1	ge In Oths)	Mileage Out Tag # (use zeros, no hyphens unless on tag)			LOCAL	LOCAL Gainesville Address (If just passing through town, your home address) Apartment # Date Receive													
					City		State			Zip Code			Return Date Expectation		Time Promised				
							Home Lar	Home Land Line			Office Land Line			Second Person Who May Authorize Repair(s)					
							Cell Phon	Cell Phone Number			Email Address			Do You Want Your Old P Yes No			harge		
								Eng. Type (circle one)			Engine # of Valves Size CARB			es Vehicle Identification Number					
							L4 L5 I	L6 V6 V8 V12 Fopposed cylinders.	Rotary										
							Engine #	Engine			Transmission STD 4 5 6-gears? AUTO 3 4 5 6-gears? AUTO 3 4 5 6-gears			2DR 3DR 4DR 5DR Hatchback Wagon Convertible Pick-Up Van SI (Circle one)	Power A/C (C	rcle, if	Color		
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 3711 SW 42 nd Ave #5 Gainesville, FI 32608 PH: (352) 378-7830 www.carrsmith.com MV1637 ALWAYS verify in Client & Vehicle Editor BEFORE starting a new invoice!										
ESTIMATE CHARGE: \$									C	once	rns C usto	omer W	ants U s T o	Add	Iress/Customer Co	oncerns			
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 SHOP SUPPLIES																			
AGAINST THIS WORK ORDER REPRESENTS COSTS AND PR MOTOR VEHICLE REPAIR FAC MISCELLANEOUS SHOP SUPP DISPOSAL. F/S 559.905 (1) (H)			RDER. THIS IND PROFITS 1	TO THE		DUS WASTE DISP													
			SUPPLIES OR WASTE			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.																			
. 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.								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										
SIGNEDDATE Florida Statute: 559.905								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 4 business days 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 to be done. I consent to receive SMS text messages regarding the status of my vehicle.								e vehicle up to \$25 ork on my			
								1	I CUSTOMER SIG	JNA آ	JKE: X				DATE:				