

ABC AUTO REPAIR  
1234 MAIN STREET  
ANYTOWN, USA 00000  
(000) 000-0000

Mr. Davidson  
30 Echo Bay Drive  
NEW YORK, NY 10023-

Date 10-01-1998

Invoice 20050  
Work 914-555-1212  
Home 914-555-1212

**AUTHORIZATION FOR SERVICE**

1994 CHEVROLET CORVETTE V8-350 5.7L OHV

V.I.N.

**Work Requested, Customer Concerns**

Brake Service performed brought brakes back to or exceeded Manufacture specifications

Estimate

Total \$263.80

**PLEASE READ AND SIGN BELOW**

I hereby authorize the above repair work to be done as described above. I agree to pay on delivery of the vehicle and until paid in full you shall have a lien on the vehicle for the amount owing. In the event of default by me in payment, you are hereby specifically authorized to retain possession of the vehicle without notice and without process of law, and said possession shall invest you with all rights of a possessory lien holder under the law. I further agree that you will not be held responsible for the vehicle or articles left in the vehicle in case of fire, theft, accidents, or other causes beyond your control. My vehicle may be driven by your employees for road test at my risk. Storage charges of \$25.00 per day will be charged 72 hours after notice to me that repairs have been completed. If you are forced by any action for collection of any balance owing by me to you by lawsuit or otherwise, I agree to pay interest on the amount owing until paid, and collection costs, including a reasonable attorney's fee. The provisions herein set forth shall become part of my independent agreement for payment made between us in connection for the work authorized by this order. If I cancel the repair order you may charge me for the cost of the teardown, the cost of parts and labor to replace items that were destroyed by teardown, and the cost to reassemble the component or vehicle. In the event that it is necessary to exceed this estimate I do agree to allow you to accept telephone authorization from myself as signer, or from \_\_\_\_\_ Phone: \_\_\_\_\_ as my authorized agent.

I request parts be saved for inspection:  Yes  No  
Method of payment:  Cash  Check  Credit Card

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**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 COST DOES NOT EXCEED \$ \_\_\_\_\_. THE SHOP MAY NOT EXCEED AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

**I DO NOT REQUEST A WRITTEN ESTIMATE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_