



# Vehicle Receipt Estimate & Final Bill

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| NAME<br>T/A<br>TRADE NAME<br>ADDRESS<br>PHONE# | 1. Customer Name: _____<br>Customer _____<br>Address: City and _____<br>State: Telephone _____<br>No.: _____<br><b>VEHICLE TO BE REPAIRED</b><br>2. Make _____ Year: _____ License No.: _____ Odometer _____<br>3. Received by: _____ Date: _____<br>4. Estimated by: _____ Date: _____<br>5. Customer description of Malfunction: _____<br>_____<br>_____<br>6. Repair dealer diagnosis of these malfunctions: _____<br>_____<br>_____ |
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7. Promised Completion: \_\_\_\_\_ Date: \_\_\_\_\_ 28. Completed Date: \_\_\_\_\_ Final Bill

| 8. Service Required: | 10. Estimate Parts Labor | 29. Mechanic | 30. Time | 31. Parts | Labor |
|----------------------|--------------------------|--------------|----------|-----------|-------|
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| <p><b>19.</b> Bond Filed With Board</p> <p><b>20.</b> The final bill will not exceed the estimated by more than 20% if the total cost is \$300.00 or less, of by more than 10% if total costs is in excess of \$300.00, unless you agree to a modification of the estimate.</p> <p><b>21.</b> If there are any questions regarding more repairs, contact the store listed above.</p> | <p>Sub Totals</p> <p><u>11. Parts Total</u></p> <p><u>12. Labor Total</u></p> <p><u>13. Subcontract Total</u></p> <p><u>14. Estimate Charge</u></p> <p><u>15. Storage Charge</u></p> <p><u>16. Total Repair Charge</u></p> <p><u>17. Tax</u></p> <p><u>18. TOTAL ESTIMATE</u></p> | <p><b>40.</b> All labor performed and parts replaced was necessary to performs repairs.</p> <p><b>41.</b> REPAIRS GUARANTEE: Parts – 90 Days Labor – 90 Days</p> | <p>Sub. Totals</p> <p><u>32. Parts Total</u></p> <p><u>33. Labor Total</u></p> <p><u>34. Subcontractor Total</u></p> <p><u>35. Estimate Charge</u></p> <p><u>36. Storage Charge</u></p> <p><u>37. Total Repair Charge</u></p> <p><u>38. Tax</u></p> <p><u>39. TOTAL ESTIMATE</u></p> |
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**22.** SAVE THIS DOCUMENT TO MAKE INQUIRIES. Contact the DCLP between 8:15a.m. and 4:30 p.m./ at 1100 4th Street, SW, 2<sup>nd</sup> floor, Washington, DC 20024, telephone number (202) 671-4500.

**23.** I hereby authorize and agree to pay for all repairs described in the estimate column.

Customer Signature

Date

24. I want / I do not want any replaced parts returned to me (Initialed by customer)

**25. ORAL AUTHORIZATION OF REPAIRS**

**NOTICE TO CUSTOMERS – ESTIMATE**

**YOU HAVE THE RIGHT TO RECEIVE A WRITTEN ESTIMATE WHICH IS SIGNED BY YOU AND THE DEALER BEFORE REPAIR SERVICES ARE AUTHORIZED AND BEGUN.**

If for technical reasons we are unable to give you a written estimate at the time we are accepting your vehicle for repair, we would not be permitted to proceed with repairs unless you waive your right to a written estimate.

Therefore, if you wish to waive this right, you may do so by signing the waiver below.

"I hereby waive my right to a written estimate to authorizing repairs, but substitute oral communication of same."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE TO CUSTOMERS:** You will be assessed an estimate charge if you elect not to proceed with repairs after you receive the estimate. If customer orally authorizes repairs based on oral communication of the same estimate, or modification of estimated costs, reflect oral consent here.

Communication by: \_\_\_\_\_ Authorized by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

26. Service Dealer (Name of Company): \_\_\_\_\_ Date: \_\_\_\_\_

27. If you charge for storage, a statement indicating when the charges begin and how much per day, etc.

A storage charge of: \_\_\_\_\_ per day will begin \_\_\_\_\_ hour(s) after repair is completed.