

NAME <u>Kelce Krager</u>	PHONE
ADDRESS	
CITY, STATE, ZIP	
2ND AUTHORIZED NAME	PHONE

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY Y/N	CUSTOMER'S INFORMATION			
1	33396	Fuel Filter	16.00		RECEIVED (DATE & TIME) <u>6-29-15</u> A.M. P.M.	CUSTOMER'S ORDER NO.	PROMISED (DATE & TIME) A.M. P.M.	
1	41 3/8"	Fuel Hose Vent	3.00		YEAR • MAKE • MODEL <u>1978 F-150 Ford</u>	SERIAL #/VIN	MOTOR # <u>3-4-U-8</u>	
1	E22215	Fuel Pump Assy & sender Unit	190.00		LICENSE NO.	ODOMETER <u>190072</u>	WRITTEN BY	
		Fresh Fuel	22.00		<input type="checkbox"/> LUBE <input type="checkbox"/> OIL CHANGE <input type="checkbox"/> FLUSH TRANS. <input type="checkbox"/> FLUSH DIFF. <input type="checkbox"/> WASH <input type="checkbox"/> POLISH			
8	103	plugs	2.90 225	18.00	CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL* <u>Joint vent Sport Pressure</u> <u>RTR Fuel Filter & RTR Fuel Tank</u> <u>Ignition & Fuel Tank Repair</u> <u>Fuel Pump & sender & strainer</u> <u>RTR spark plugs & Plug Boats</u> <u>Take Compression on Eng</u>			
4	442005	plug Boot	7.00 430	18.00				
TOTAL PARTS			267.00		METHOD OF PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> CASH LABOR <input type="checkbox"/> FLAT RATE <input type="checkbox"/> HOURLY <input type="checkbox"/> BOTH <input type="checkbox"/> RETAIN PARTS <input type="checkbox"/> DESTROY PARTS AUTHORIZED BY _____			
MECHANICS RECOMMENDATIONS					Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.			
Estimated cost \$ _____ Estimate Charge _____ Basis for Charge _____					LABOR ONLY <u>165.00</u> PARTS <u>267.00</u> ACCESSORIES GAS, OIL & GREASE MISC. MERCHANDISE SUBLET REPAIRS STORAGE FEE TAX TOTAL ► <u>432.00</u>			

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
 I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

- ☐ I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.
☐ 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.

*Checked lines apply (Preparer must check at least one):

- ☐ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.
☐ This amount includes a charge of \$ _____, which is required under _____ law.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initiating the following: _____ I do not desire the return of any of the parts that replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cancel repairs prior to completion for any reason, a tear-down and reassembly fee of \$ _____ will be applied.

SIGNED _____

DATE _____

GT3870
09-11