

Miracle Strip Body Shop, Inc.

318 Racetrack Rd. NW
Ft. Walton Bch., FL 32547
(850) 862-8212
(850) 863-3871 FAX
Fla. MV-09165
Federal Tax ID # 59-2628526
EPA ID # NJD080631369

**REPAIR
ORDER #**

| | |
|-----------------------|-------------------|
| CUSTOMER NAME: | DATE/TIME: |
| ADDRESS: | YEAR/MAKE/MODEL : |
| CITY,STATE.ZIP: | VIN: |
| CELL PHONE: | TAG: |
| HOME PHONE: | ODOMETER IN: OUT: |

OTHER PHONE:

E-MAIL :

LIMITED WARRANTY ON WORKMANSHIP AND REFINISH AS LONG AS YOU OWN OR LEASE YOUR VEHICLE.
PARTS SUBJECT TO FACTORY WARRANTIES AS APPLICABLE. **All Card Transactions Have A 3% Fee**

| SALESPERSON | TARGET DELIVERY | HOURLY, FLAT RATE, OR BOTH | ESTIMATE FEE IF APPLICABLE \$25 | STORAGE FEE PER DAY IF APPLICABLE | SUBLET ITEMS REQUIRED (YES OR NO) |
|-------------|--------------------|-------------------------------|---------------------------------------|---|---|
| | | BOTH | N/A | \$50.00 OUTSIDE \$50.00 COVERED | YES |

| CUSTOMER INITIAL | DESCRIPTION | INSURANCE AMOUNT | CUSTOMER AMOUNT |
|---------------------|---|---------------------|--------------------|
| X | REPAIRS AS PER ATTACHED ESTIMATE | \$ | \$ |
| X | ADDITIONAL SUPPLEMENTAL REPAIRS AS NEEDED | | |

NAME/PHONE NUMBER OF ANOTHER PERSON WHO MAY AUTHORIZE WORK.

PLEASE READ CAREFULLY AND CHECK ONE OF THE STATEMENTS BELOW AND SIGN:

I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL
REPAIR BILL WILL EXCEED \$100.00.

_____ I REQUEST A WRITTEN ESTIMATE.

_____ 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.

I HEREBY AUTHORIZE THE ABOVE WORK TO BE DONE WITH THE NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES
MAY OPERATE THE ABOVE VEHICLE FOR PURPOSES OF TESTING, INSPECTION, OR DELIVERY. DURING REPAIRS,
SUBLET VENDORS MAY BE NEEDED TO COMPLETE ITEMS SUCH AS STRIPES, WHEEL ALIGNMENT/BALANCE,
UPHOLSTERY, EXHAUST OR MECHANICAL WORK BEYOND OUR EXPERTISE. I UNDERSTAND IF MY CAR IS NOT REPAIRED,
I WILL BE SUBJECT TO STORAGE CHARGES AS APPLICABLE. I AUTHORIZE SHOP TO EXTRACT DATA THAT IS STORED IN
THE VEHICLE, INCLUDING ITS EVENT DATA RECORDER, SUCH USE WILL BE LIMITED FOR THE PURPOSE OF CONDUCTING
VEHICLE DIAGNOSTICS AND/OR REPAIRS.

I DO () OR DO NOT () REQUEST THE RETURN OF REPLACED PARTS.

SIGNED_X_____

DATE_____