AUTOMOTIVE REPAIR PARTS DEPOSIT FORM

Doctor-D Mobile Auto Repair & Locksmith **Date:** _____

FL State Repair License MV 114942

Text: 941-500-3413 **WWW.DOCTOR-D.COM**

Email: Russ@doctor-d.com

Customer Name: _____

Address: _____

Email: _____

Phone: _____

Vehicle (Year, Make, Model): _____

Parts Ordered: _____

Expected Arrival Date: _____

Deposit Amount: $ _____

Repair Invoice #: _____

Deposit Terms and Conditions

1. **Special-Order Parts:**
   Special-order parts are ordered specifically for your vehicle and **cannot be canceled, returned, or refunded** once the order is placed.

2. **Deposit Application:**
   The deposit will be applied toward the final repair invoice once the parts are installed.

3. **Non-Refundable Deposit:**
   If the customer cancels the repair or fails to authorize the work after the parts have been ordered, the deposit will be **forfeited** to cover the cost of the ordered parts.

4. **Acknowledgment:**
   By signing below, the customer authorizes the shop to order special parts for their vehicle and agrees to the terms above.

Customer Signature: _____