# AUTOMOTIVE REPAIR AUTH/WORK-ORDER FORM


Doctor-D Mobile Auto Repair & Locksmith

FL State Repair License MV 114942

Nokomis, FL 34275

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

Email: Russ@doctor-d.com

Date: _____

Customer Name: _____

Address: _____

Email: _____

Phone: _____

Vehicle (Year, Make, Model): _____

Vehicle Miles:_____

Customer Concern/Complaint: _____

_____

_____

Known History / Previous Repairs Within the Last 12 Months/ 12,000 Miles: _____

_____

_____

Disclaimer:

I hereby authorize You and/or your employees may operate the above vehicle on all roads, highways, and streets for the purpose of testing, inspection, and diagnosis of your complaints (both expressed and not

expressed). Doctor-D will not be responsible for loss or damage to vehicles, to articles left in the vehicle in case of fire, theft, accident, or any other cause beyond my control.

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 $150.

_____ 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.

SIGNED _____ DATE _____

Invoice Requirements 559.911, F.S

Does Customer Require Old Parts Returned And / Or for Inspection? (Y/N)

Signature _____