



CUSTOMER DATA FORM

800 S. Harbor City Blvd., US Hwy. 1
 (321) 723-3611
MELBOURNE, FL 32901
 www.rosnerchevy.com

RO DATE ____/____/____

HAT # _____ ADV # _____

VIN #

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YR _____ MAKE _____ MODEL _____ COLOR _____

TAG _____ MILEAGE _____

BUS. PHONE () _____

RES. PHONE () _____

NAME _____ CELL PHONE () _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____ PROMISED DATE & TIME _____

PAYMENT METHOD _____	ADDITIONAL PERSON WHO MAY AUTHORIZE REPAIRS _____
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WAIT

SPECIAL INSTRUCTIONS _____

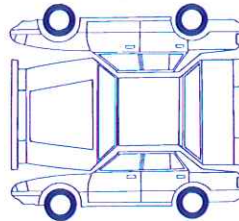
REQUEST 1 CP W SKILL _____

REQUEST 4 CP W SKILL _____

REQUEST 2 CP W SKILL _____

SHOP SUPPLIES AND HAZARDOUS WASTE DISPOSAL CHARGES
 "This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal."
 The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state [s.403.718], and a \$1.50 fee to be collected for each new or remanufactured battery sold in the state [s.403.7185].

REQUEST 3 CP W SKILL _____



DAMAGE REPORT	
SHOW DAMAGE LOCATION AT LEFT USING CODES LISTED BELOW	
<input checked="" type="checkbox"/> STONE DAMAGE	
<input type="checkbox"/> SCRATCH	
<input type="checkbox"/> DENT	
<input type="checkbox"/> COLLISION DAMAGE	
<input type="checkbox"/> UNDERCOATING DAMAGE (EXPLAIN IN REMARKS)	
CUSTOMER INITIALS _____	

WARRANTY COMPANY _____ CONTACT # _____ AUTH # _____

DEDUCT AMOUNT \$ _____ EXT WARRANTY LINE \$ _____

LABOR CHARGES ARE BASED ON A VARIABLE LABOR RATE.

MINIMUM CHARGE FOR ALL ESTIMATES IS 1/2 HR. OTHERWISE ACTUAL TIME SPENT FOR DIAGNOSIS WILL BE CHARGED.

\$10 PER DAY STORAGE COMMENCING 3 DAYS AFTER COMPLETION OF WORK

I hereby authorize the repair work to be done along with the necessary materials. Rosner Chevrolet and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. Rosner Chevrolet will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident, damage from freezing due to lack of anti-freeze or any other cause beyond your control.

ALL PARTS SOLD OR USED ARE SUBJECT TO THE MAGNUSON-MOSS ACT AND THE MERCHANDISE PURCHASED IS UNDER LIMITED WARRANTY BY THE MANUFACTURER. THE TERMS OF THIS WARRANTY ARE AVAILABLE FOR YOUR INSPECTION.

CUSTOMER SIGNATURE X _____

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 \$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. Signed: _____ Date: _____

ONE BOX MUST BE CHECKED

RETAIN PARTS FOR INSPECTION? YES NO

STATE OF FLORIDA REGISTRATION #MV-63999