

MADEIRA CO., INC.
 1851 Columbia Road
 Shawmut, AL 36594
 (501) 833-8700

NAME NLR Football	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 YR
		<i>[Handwritten Signature]</i>		
TOTAL PARTS				

RECEIVED (DATE & TIME) A.M. P.M. 2-8-13	CUSTOMER'S ORDER NO.	PROMISED (DATE & TIME) A.M. P.M. Deliver 2-8-13
YEAR • MAKE • MODEL	LICENSE NO.	SERIAL #/VIN
	ODOMETER	MOTOR #
		WRITTEN BY

LUBE
 OIL CHANGE
 FLUSH TRANS.
 FLUSH DIFF.
 WASH
 POLISH

CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL*

3-OTR Retread Casings 27⁵⁰ 8250

MECHANICS RECOMMENDATIONS

Estimated cost \$ _____ Estimate Charge _____ Basis for Charge _____

METHOD OF PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> CASH	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.	LABOR ONLY
LABOR <input type="checkbox"/> FLAT RATE <input type="checkbox"/> HOURLY <input type="checkbox"/> BOTH	GUARANTEED ITEM(S) _____	PARTS
<input type="checkbox"/> RETAIN PARTS <input type="checkbox"/> DESTROY PARTS	GUARANTEE EFFECTIVE UNTIL: TIME _____ MILEAGE _____	ACCESSORIES
AUTHORIZED BY _____		GAS, OIL & GREASE
		MISC. MERCHANDISE
		SUBLET REPAIRS
		STORAGE FEE
		TAX
		TOTAL ▶ 8250

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.

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 initialing the following: _____ I do not desire the return of any of the parts that are 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 my 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 their completion for any reason, a tear-down and reassembly fee of \$ _____ will be applied.

*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.

SIGNED _____

DATE _____

adams
GT3870
09-11