



# Collision Center of Miami Dade

REPAIR ORDER.

10453 SW 186 ST  
MIAMI, FL. 33157

PHONE: (305) 278-7105 FAX: (305) 278-1216

NAME:		Federal Tax ID # 27-2343990					
ADDRESS:		<b>PAYMENT METHOD:</b>					
CITY:	STATE:	ZIP CODE:	<table border="1"> <tr> <td>Cash</td> <td>Money Order</td> <td>Cashier Check</td> <td>Ins.Check</td> </tr> </table>	Cash	Money Order	Cashier Check	Ins.Check
Cash	Money Order	Cashier Check	Ins.Check				
HOME	CELLULAR	Personal checks are <u>NOT</u> accepted.					
<b>VEHICLE DATA:</b>		OTHER AUTHORIZED PERSON:	PHONE:				
YEAR:	MAKE:	MODEL:	REPLACEMENT PARTS: New X Used X				
VIN #		TAG:	PROPOSED COMPLETION DATE:				
ODOMETER:		COLOR:	SAVE OLD PARTS Yes X No				
REPAIR BY ESTIMATE:		<b>INSURANCE DATA:</b>					
_____ month/ _____ mile warranty on all parts and labor unless otherwise specified		REFER BY:	Ins. Co.				
REPAIR BY ESTIMATE: See Attachment.		ESTIMATOR:	Ins. Phone:				
DESCRIPTION OF REPAIRS: See Attachment.			Claim #				
			Adj. Name:				

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 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.

\*SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby authorize the repair work to be done, including sublet work, along with the necessary parts and materials as per either Collision Center of Miami Dade. estimate or other estimate. Collision Center of Miami Dade. may operate my vehicle for purposes of subletting, testing, diagnostics, inspection and/or delivery at my risk. Upon completion of work on my vehicle or withdrawal or termination of authorization to repair, I agree to pay in FULL all charges due, and acknowledge a mechanic's lien is on my vehicle to secure the amount of repairs and/or charges thereon. If Collision Center of Miami Dade. is forced to take legal action (including lien enforcement) to recover amounts owed, I agree to pay all attorneys' fees and all other costs associated with the recovery process. It is agreed that Collision Center of Miami Dade will not be responsible for loss or damages to vehicle or articles left in vehicle in case of fire, theft, vandalism or any other cause beyond our control, or as a result of any act(s), omission(s). and/or negligence of Collision Center of Miami Dade. and its officers, employees, or agents. It is further understood and agreed that delays occur during the repair process and therefore that Collision Center of Miami Dade shall not be liable for any incidental or consequential damages, whatsoever, specifically including, but not limited to, loss of use, loaner or replacement vehicle, or rental expenses. I acknowledge and authorized diagnostic teardown at a charge of \$350.00 as liquidated damages (but not penalty) or actual value of diagnostic teardown work, whichever is greater, which may be waived if collision repairs completed. It is further agreed that if vehicle is total loss or authorization to repair terminated or withdrawn prior to commencement or completion of repairs, diagnostic/repair work is deemed complete, and \$60.00 per day storage fee will be charged for time period vehicle at Collision Center of Miami Dade. premises or in its possession, custody or control, plus \$ 225.00/hr administrative fee and minimum teardown fee of \$350.00 as liquidated damages but not penalty, or actual value of diagnostic teardown or repair work, whichever is greater. \$35.00 charge for estimate (waived if collision repairs completed). Weather protection charge: \$60.00. If vehicle is fully repaired, a storage fee of \$60.00 per day will be charged within 3 business days of notification of completion. Labor rates are both hourly and flat as per estimate. If a charge for shop supplies or hazardous or other waste removal is included in this estimate, please note the following: "this charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal. "If a charge for new tires or a new or remanufactured lead-acid battery is included on this estimate/invoice, please note the following: a \$1.00 fee for each new motor vehicle tire sold at retail is imposed on any person engaging in the business of making retail sales of motor vehicles tires within the state of Florida. F.S. 403.718. A \$ 1.50 fee for each new or remanufactured lead-acid battery sold at retail is imposed on any person engaging in the business of making retail sales of new or remanufactured lead-acid batteries within the state of Florida. F.S. 403.7185. My signature hereon is considered to have been made on any applicable credit card voucher and I authorize Collision Center of Miami Dade. to process such voucher for charges incurred. In addition, I hereby appoint and authorize Collision Center of Miami Dade. to accept and endorse on my behalf any and all checks or drafts for deposit to its business account for credit on my account for monies due Collision Center of Miami Dade.. Lifetime warranty on workmanship as per Collision Center of Miami Dade. warranty guidelines. Collision Center of Miami Dade. has a lien on the vehicle pending actual payment of all charges due to Collision Center of Miami Dade. In the event of conditional delivery of vehicle is made in exchange for check or credit card payment which is denied, reversed, worthless, charged-back or stopped, Collision Center of Miami Dade. is entitled to immediate repossession of said vehicle and enforcement of its lien as per Fl. Stat. 713.58et seq., with minimum repossession charges of \$500.00 assessed. If I do not check one of the statements above, I hereby acknowledge that I waive any written estimate.

\*SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### ASSIGNMENT AND DIRECTION TO PAY

AMOUNT: \_\_\_\_\_ OWNER NAME: \_\_\_\_\_ CLAIM # \_\_\_\_\_  
 I authorized payment to be made directly to Collision Center of Miami Dade

\*SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*REQUIRE 58538.MVR 58539.MVR MV84735