



Ferrari of Fort Lauderdale Coachworks

AUTHORIZED AND ACCEPTED: You are hereby authorized to make the below specified repairs. I understand that payment in full will be due upon release of vehicle, including additional supplemental damage charges, and hereby grant you and/or your employees, permission to operate the vehicle herein described on street, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on below vehicle to secure the amount of repairs thereto. We will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond our control. Storage charges will start 72 hours after repairs are completed if vehicle is not picked up at a rate of \$50.00 per day.

Old parts removed from cars will be junked unless otherwise instructed.

All work performed has a warranty. Items that are not covered are damages that is acquired from driving conditions, improperly cleaning and environmental pollution damage. All rust repairs have no warranty.

Fill out the following form. Please sign 1-2-3 to begin repairs.

(1) I have received a copy of the estimate and disclosure.

Signed: _____ Date: _____

Estimated Cost of Repairs: \$ _____. Revised Estimate: \$ _____

(2) Repair order authorized by: _____ Date: _____

(3) 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 approval or oral approval.

I do not request a written estimate.

Signed: _____ Date: _____

Direction of Payment

Insurance Company _____

Claim # _____

I _____ authorize the insurance company to make payment to **Ferrari of Fort Lauderdale Coachworks** directly. If payment from insurance company is not paid to Ferrari of Fort Lauderdale Coachworks directly, I agree I will be responsible for the supplement amount that was agreed upon with Ferrari of Fort Lauderdale Coachworks and the insurance company.

Signed: _____ Date: _____