



ESTIMATE

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Shop Company Inc.

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ESTIMATE No.	0000001	DATE	06/02/2005
CUSTOMER INFORMATION			
NAME		Licence	
Gladys Berthin			
ADDRESS			
4676 NW 60th Lane POMPANO BEACH, FL 33067-5465			
TELEPHONES		E-MAIL	
(954)-796.9493 /		gberthin@bellsouth.net	

VEHICLE INFORMATION			
MAKE	MODEL	COLOR	YEAR
PORSCHE	CAYENNE	GRAY	2005
TYPE	VIN NUMBER	ODOMETER	LICENSE PLATE
SUV	56F4G3V1S65D4F165	456MI.	456-K56
INSURANCE COMPANY		INSURANCE AGENT	
Progressive Auto Insurance		Golden Global Insurance	

LABOR						
DESCRIPTION	LABOR RATE	HOURS:MIN	DISC. %	TOTAL DISC.	TOTAL	
REMOVE/REPLACE 30W MOTOR OIL	10.00	0 :20	0.00	0.00	3.33	
REMOVE/INSTALL OIL FILTER	25.00	0 :10	0.00	0.00	4.17	
REMOVE/INSTALL A-C PRESSURE FAN CONTROL SWITCH	25.00	1 :0	0.00	0.00	25.00	
REMOVE/INSTALL BATTERY			0.00	0.00	0.00	
TOTAL					\$32.50	

PARTS						
TYPE	QTY.	DESCRIPTION	PRICE	DISC. %	TOTAL DISC.	TOTAL
Electrical	1.00	A-C PRESSURE FAN CONTROL SWITCH	32.25	0.00	0.00	32.25
* Electrical	1.00	BATTERY	0.00	0.00	0.00	0.00
Electrical	1.00	ALTERNATOR PREMIUM PALLADIUM P775026G	177.78	0.00	0.00	177.78
New	1.00	OIL FILTER	12.75	0.00	0.00	12.75
Other	4.50	CASTROL 12082 MOTOR OIL 5W30 GTX	3.96	10.00	1.78	16.05
TOTAL					\$238.83	

* Part supplied by the insurance company or the customer.

OUTSOURCE JOBS						
DESCRIPTION	PRICE	DISC. %	TOTAL DISC.	TOTAL		
FEE FS403.718 Mandates for each new tire sold in the State of Florida	2.00	0.00	0.00	2.00		
TOTAL					\$2.00	

Summary: Motor oil change

NOTES:		
QUOTED BY	ADJUSTED BY	ADJUSTED
		NOT ADJUSTED ESTIMATE
DONE BY		REPAIR ORDER DATE
Sample User Account		02/19/2005 10:11:05 PM

LABOR TOTAL	\$32.50	
PARTS TOTAL	+	\$238.83
OUTS. JOBS TOTAL	+	\$2.00
DEDUCTIBLE	-	\$0.00
DISCOUNT	-	\$0.00
SUB-TOTAL		\$273.33
TAX 6.0000%	+	\$16.40
TOTAL TO PAY		\$289.73

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.

_____ 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: _____

Estimate good for 30 days. Any additional parts and/or labors required during repairs are extra. Not responsible for damage caused by theft, fire or acts of nature. You and your employees may operate my vehicle for the purpose of testing, inspection and delivery at my risk. You will not be responsible of loss or damage to vehicle or items left in it. I agree to pay reasonable storage on vehicle left more than 3 working days after notification that the job is completed.

SIGNED: _____ DATE: _____