

SIGNATURE _____

alternate authorizing signature-----

THANK YOU!WE APPRECIATE YOUR BUSINESS.

INTENDED PAYMENT METHOD: _____

THIS CERTIFICATE GUARANTEES THAT ANY WORK PERFORMED BY ACCURATE AUTO & FLEET, INC., IS FREE FROM DEFECTS IN MATERIAL AND WORKMANSHIP AND

AND MEETS OR EXCEEDS INDUSTRY STANDARDS FOR 2 YEARS, PROVIDED THERE HAS BEEN NO DAMAGE DUE TO INCIDENTAL OR COSEQUENTIAL ACTS, SUCH AS COLLISION, ETC. LIABILITY IS LIMITED TO REPAIRED AREA OF VEHICLE ONLY.

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

ESTIMATE RECALL NUMBER: 04/29/2008 17:01:46 88

Mitchell Data Version: MAR_08_A
UltraMate Version: 6.0.029

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