YEAR:	
MAKE/MODEL:	
PLATE #:	
COLOR:	

NAME:	
ADDRESS:	
CITY:	**ZIP:**
PHONE:	
DATE:	
E-MAIL:	

Our Labor rate Is based on:

$120.00

Per Hour

Original Estimate:	Date:	Time:
Additional Auth. Repairs:	Date:	Time:
Additional Repairs Ok'd by:		
Specific Authorization Given:		

East Granby Motors LLC

199 Hartford Ave

East Granby, CT 06026

860-653-9090 Fax 860-653-9494

Waiver Of Advance Estimate

I voluntarily request that repairs be performed on my vehicle without advance estimate of their cost. By signing this form, I authorize reasonable and necessary costs to remedy the problems complained of up to a maximum of $_____

The repair shop may not exceed this amount without my written or oral consent.

Year: **Make:** **Model:**

Signature: **Date:**

A service charge of 1.5% a month (18% ann) will be charged on all balances over 30 days.

An expressed mechanic's lien is acknowledged to secure the amount of repairs, as well as attorney's fees and cost of collection.
Not responsible for loss or damage to cars, or articles left in car in case of fire, theft or any other cause beyond our control.

I hereby authorized the repair work noted to be done along with the necessary material, and I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways and elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on my vehicle to secure the amount of repairs thereto. I understand estimate is for labor only, material is extra.

Authorized by: Received by:

WHAT'S WRONG WITH YOUR CAR?

(Describe All Problems to be Checked)