

Estimate Report

287603

NAME Ind. T. Kelley DATE 10-1-94 WORK PHONE _____ HOME PHONE 457-2273
 ADDRESS 34914 NW 10th Rd CITY Lebanon, OR STATE OR ZIP _____
 YEAR 84 MAKE CUM MODEL PU 1500 I.D. NO. ST. 25
 PAINT CODE _____ PROD. DATE _____ TRIM _____ MILEAGE _____ LICENSE NO. _____ DATE OF LOSS _____
 WRITTEN BY _____ INS. CO. _____ FILE NO. _____ CLAIM NO. _____ P.O. NO. _____
 ADJUSTER _____ LIC. NO. _____ PHONE _____ Deductible/Betterment _____

LINE NO.	RE-PAIR	RE-PLACE	DETAILS OF REPAIR R = Repair S = Straighten R/C = Recycle/Rechrome/Recore	PARTS INDEX A = Aftermarket N = New U = Used R = Rebuilt	PI	PARTS	LABOR	PAINT	SUBLET/MISC.
1									
2									
3	✓		Floor Hble				40	20	
4									
5			Rt I Sgt				6		
6	✓		Floor mats			1500	10		
7	✓		Floor pad			2200			
8									
9									
10									
11									
12									
13									
14									
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25									
26									
27									

I hereby authorize the above work and acknowledge receipt of copy.

TOTALS

Signed X

Date

FLOYD'S BODY SHOP, INC.
 2711 South Santiam Highway • P.O. Box 812
 Lebanon, Oregon 97355
 Phone (503) 451-1378

PARTS Prices subject to invoice \$ 174.00
 LABOR 56 hrs. @ 32 \$ 179.20
 Shop Supplies \$ 20.00
 PAINT 2.0 hrs. @ 32 \$ 64.00
 Paint Supplies \$ 36.00
 Towing/Storage \$ _____
 Sublet/Miscellaneous \$ _____
 EPA/Waste Disposal Charge \$ 3.00
 SUB TOTAL \$ 476.20
 TAX \$ _____
 TOTAL \$ _____

This Report is based on our inspection and does not cover any additional parts or labor which may be required after the work is opened up. Occasionally after the work has started, worn or damaged parts are discovered which are not evident on first inspection.

Procurement and delivery charges may be added for special service on items not available locally.

Report Deposit (Date _____) to be applied to total cost. \$ _____

Photos _____ \$ _____

Car Rental (\$ _____ per day since _____) \$ _____

Temporary Repair (Date _____ Area Performed _____) \$ _____

The following items were included in this Report but were denied by Insurance Company Representative.

* _____
Total Change to Report \$ _____ (Carry This Amount to Front - *)

POWER OF ATTORNEY

Date _____

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned does hereby constitute and appoint _____
my (or our) true and lawful attorney to sign name, place and stead of the undersigned on any Insurance
Checks or Drafts issued by _____ (Insurance Company) covering any repairs to
my (or our) automobile authorized by myself (or ourselves) in whatever manner is necessary to place
check or draft in a cashable position.

I (or we) hereby ratify and confirm whatever action said Attorney shall or may take by virtue hereof
in the premises.

Witness _____ Assured _____

Witness _____ Assured _____

REMARKS
