HARROLD

Service | Products

SACRAMENTO, CALIFORNIA 95825

ESTIMATE FOR REPAIRS

Car Owner [illegible] Address Date [illegible]

Make [illegible] Year [illegible] Serial No. Motor No. Body Style [illegible]

Mileage License No.

Insurance Co. Adjuster Phone File No.

DATE	DETAILS OF REPAIR OR REPLACEMENT	HOURS	PARTS	FLAT RATE
	[illegible]	[illegible]	[illegible]	
	[illegible]	—	[illegible]	[illegible]
	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]		[illegible]
	[illegible]	[illegible]	[illegible]	
	[illegible]	[illegible]		
	[illegible]	[illegible]		
	TOTAL	[illegible]		

The undersigned agrees to complete the above repairs for $

Of this amount the above named insured is to pay

$ insurance deductible

depreciation

work not covered by insurance.

SIGNED: (Firm Name) [illegible]

By: [illegible]

Flat Rate $

Labor $ [illegible]

Parts $ [illegible]

Sales Tax $ [illegible]

ESTIMATE TOTAL $ [illegible]

ADVANCE CHARGES $

GRAND TOTAL $ [illegible]