

Florida Windshield Repair

FloridaWindshieldRepair.com

Phone: 786-462-4477

Reference Number: _____

Email: Contact@FloridaWindshieldRepair.com

Store Location/Advisor: _____

CUSTOMER INFORMATION

Customer Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Insurance Company: _____ Policy Number: _____

VEHICLE INFORMATION

VIN: _____

Year: _____ Make: _____ Model: _____

Color: _____ Body Style: _____ License Plate: _____

SALE INFORMATION

Sr. Coordinator: _____ Coordinator: _____

Insurance Payment Check Credit Card CASH IS NOT ACCEPTED

Sale Amount: \$ _____

Last 4 of CC# (If applicable): _____ Check # (If applicable): _____

REPAIR INFORMATION

Insurance Payment	Quantity	Amount (Office use)	Date of Loss: _____
First Repair	_____	\$ _____	
Additional Repair	_____	\$ _____ ea.	
Sales Tax		\$ _____	
Total:		\$ _____	

Customer's Initials: _____ Deductible: \$0

I agree to allow my insurance company, bank or credit card Company to pay Florida Windshield Repair for this invoice authorized by my signature below. Warranty: Florida Windshield Repair warrants all chip repairs against defects in materials and workmanship for the life of the vehicle. Florida Winshield Repair will, at it's option, credit the cost of the repair towards replacment or provide refund of the same. Warranty is limited to the cost of one repair. Customer also aknowledges that the repair is structural and not cosmetic in nature. Any cosmetic changes are just an added benefit to the service.



Customer Signature: _____ Date: _____

COMPLETE