

## WAIVER OF ESTIMATE

I, \_\_\_\_\_, VOLUNTARILY REQUEST **UNIVERSITY FOREIGN CAR (F132317)** TO PROVIDE SERVICES AND/OR PARTS IN THE REPAIR OF THE BELOW DESCRIBED MOTOR VEHICLE WITHOUT RECEIVING AN ESTIMATE OF REPAIR COSTS. BY SIGNING THIS FORM, I UNDERSTAND THAT I WILL GIVE UP:

1. MY RIGHT TO RECEIVE A WRITTEN ESTIMATE OF THE COST FOR REPAIRS;
2. MY RIGHT TO APPROVE IN ADVANCE ANY REPAIRS OR COSTS WITH A TOTAL COST LESS THAN: Up to \_\_\_\$1,000 \_\_\_\$2,000 \_\_\_\$3,000 \_\_\_\$4,000 \_\_\_\$5,000 \_\_\_ NO LIMIT
3. MY RIGHT TO REFUSE TO PAY FOR REPAIRS WITH A TOTAL COST LESS THAN THE AMOUNT STATED ABOVE

THE FACILITY MAY EXCEED THE AMOUNT STATED ABOVE ONLY AFTER I GIVE MY WRITTEN OR ORAL APPROVAL.

MOTOR VEHICLE DESCRIPTION:

VIN: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ BODY STYLE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

PLEASE PRINT **AND** SIGN COMPLETED FORM TO BRING WITH YOUR VEHICLE