

VEHICLE INFORMATION

YEAR: _____
MAKE: _____
MODEL: _____
MILEAGE: _____
VIN: _____
LICENSE PLATE: _____
R.O. #: _____ (for office use only)
Date in: ____/____/____

ALBANY AUTO BODY

DIV. OF ALBANY INC.

4030 NORTH ROCKWELL

CHICAGO, IL 60618

773-267-2626

WWW.ALBANYAUTOCHICAGO.COM



Albany Auto Inc.

VISUAL QUOTATION

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____
STREET CITY STATE ZIP

CUSTOMER PHONE 1: _____ (cell/work) **PHONE 2:** _____ (cell/work)

CUSTOMER EMAIL: _____

DESCRIPTION

NOTICE OF CONSUMER'S RIGHTS

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE BUT SHALL NOT EXCEED (1) ANY PRICE LIMITED ESTIMATE OR (2) ANY PARTS AND LABOR ESTIMATE BY MORE THAN 10%. ADDITIONAL REPAIRS MAY NOT BE PERFORMED WITHOUT YOUR CONSENT. YOU MAY WAIVE YOUR RIGHT TO A WRITTEN ESTIMATE AND REQUIRE THAT YOU BE NOTIFIED IF THE PRICE EXCEEDS AN AMOUNT YOU HAVE SPECIFIED.

YOU MAY WAIVE YOUR RIGHT TO AN ESTIMATE, WHICH GIVES THE MOTOR VEHICLE REPAIR FACILITY THE RIGHT TO SET THE PRICE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOU SELECTION.

(A) I REQUEST AN ESTIMATE IN WRITING BEFORE YOU BEGIN REPAIRS

SIGNATURE: _____

(B) PLEASE PROCEED WITH REPAIRS BUT CALL ME FOR APPROVAL BEFORE CONTINUING

SIGNATURE: _____

(C) I DO NOT WANT AN ESTIMATE AND YOU MAY SET THE PRICE OF REPAIRS

SIGNATURE: _____

DATE: ____/____/____

This business is required to be licensed by the Secretary of State, pursuant to Illinois Revised Statutes, Chapter 95 ½, Section 5-301. Any complaints as to quality of service obtained here may be brought to the attention of the Attorney General.