INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received JUL 12 2012 24-MAY-2012	Repository ☐
	Reference No. 10459561

OWNER INFORMATION (Type or Print)

Name: [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address: [redacted]		Evening Telephone Number	
City: JACKSONVILLE	State: FL	Zip Code: [redacted]	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1N4BA41EX6C[redacted]	NISSAN	MAXIMA	2006

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
6/24/06	MIKE SHANO \ 904-389-3621			6	PREMIUM
Original Owner ☑	Dealer's City JACKSONVILLE	State FL	Zip Code 32210		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTOMATIC	☑ Antilock Brakes ☑ Cruise Control			24-MAR-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN	Failure Mileage	Failure Speed
	80000	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 2006 NISSAN MAXIMA. THE CONTACT STATED THAT THE VEHICLE VIOLENTLY JERKED WHEN SHIFTING GEARS AT ANY SPEED. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER AND THE CONTACT WAS INFORMED THAT THE TRANSMISSION NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 80,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

. TRANSMISSION DEFECTIVE / SLIPS, JERKS, NEEDS REPLACING.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

15

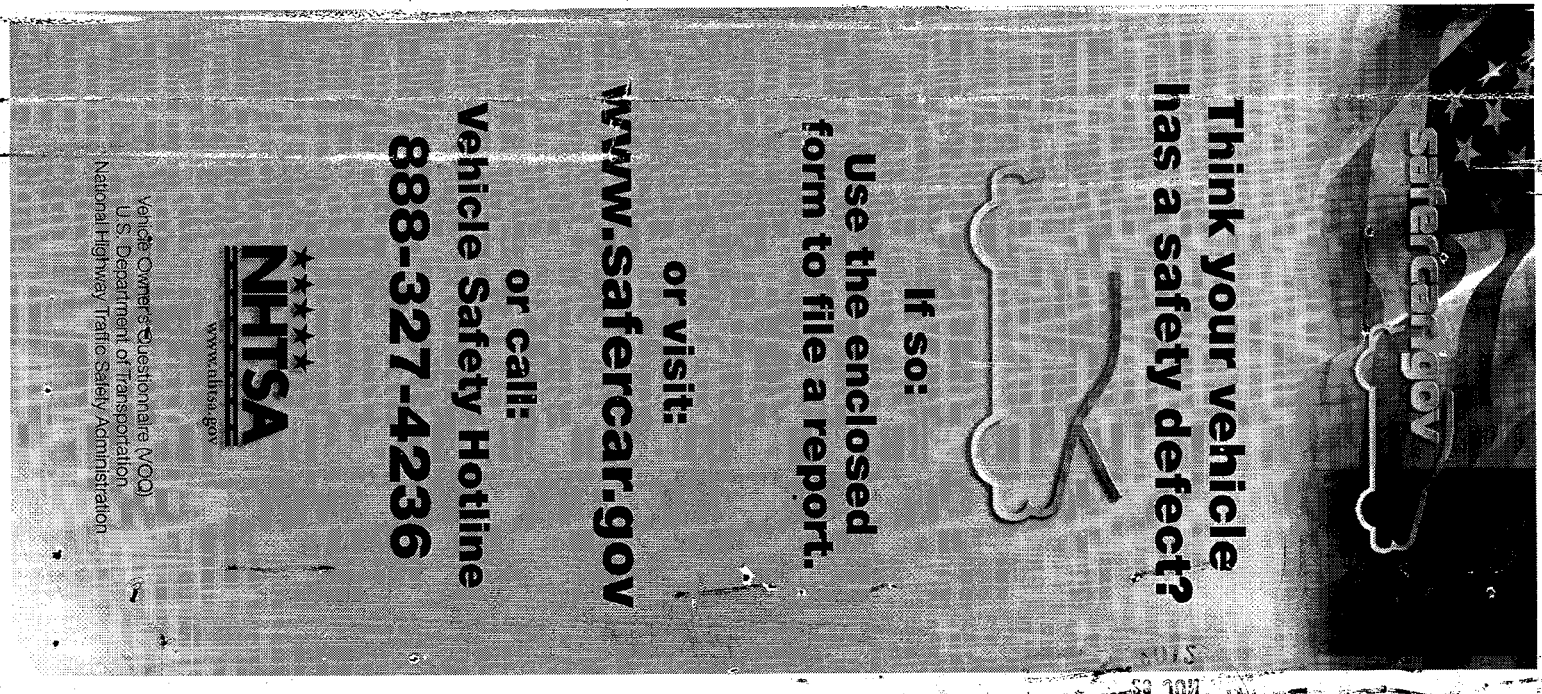
JACKSONVILLE FL
PM
28 JUN
2012

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



ADDRESS	CITY	STATE/PROV.	ZIP/POSTAL CODE	MILEAGE	TRANSMISSION TYPE	HOME PHONE
[redacted]	JACKSONVILLE	FL	[redacted]	68184	AW5550S	[redacted]

YEAR	MAKE	MODEL	COLOR	VEHICLE IDENTIFICATION NUMBER (VIN)	LIC. PLATE NO./STATE	BUSINESS PHONE
2006	NISSAN	MAXIMA	GRAY	1N4BA41EX6C[redacted]	[redacted]	

WARRANTY CLAIM INFORMATION	ORIGINAL CENTER	ORIGINAL RO	ORIGINAL MILES	ORIGINAL DELIVERY DATE	PROD. DATE	ENGINE SIZE	CELL PHONE
						3.5L	[redacted]

HAT NUMBER	EMAIL ADDRESS
6214	

11783

Fanan Inc.
10691 Biscayne Blvd
Jacksonville, FL 32218
904-757-5106

MV#
79588

INTERNATIONAL CUSTOMER SERVICE
201 Gibraltar Road
Horsham, PA 19044
Call toll-free: (800) 523-0401

TRANSMISSIONS AAMCO TOTAL CAR CARE

TOTAL CAR CARE EXPERTS

An independently owned and operated AAMCO Center

INTERNAL USE ONLY

SC	WC	SERVICE DESCRIPTION	PRICE
		AAMCO TRANSCAN / PROTECT CHECK CHARGE FOR ESTIMATE	
		AUTHORIZATION: BY: OWNER DATE: 12/2/2011 TIME: 8:04:33 AM FROM: CUSTOMER VERIFICATION: SIGNATURE	
		DESCRIPTION OF PROBLEM-- ENGINE SPEED SENSOR CIRCUIT CODE. 1 HOUR DIAG CAM SENSOR	
	SP	SEPARATE WARRANTY TERMS & CONDITIONS APPLY TO EACH SERVICE. ASK THIS INDEPENDENTLY OWNED & OPERATED AAMCO CENTER FOR A COPY OF THE WARRANTY TERMS THAT APPLY TO THE FOLLOWING SERVICE(S) AT THIS CENTER	
		SENSOR	
		90 DAY WARRANTY ON PARTS AND LABOR	
		1 NEW SENSOR	130.02
		1 NEW LABOR	85.00
		PARTS TOTAL $130.02 LABOR TOTAL $85	
		AUTHORIZATION: BY: JOHN DATE: 12/2/11 TIME: 15:26 FROM: GW VERIFICATION:	
		IF YOU ARE WITHIN 40 MILES OR 70 KM, YOU MUST RETURN VEHICLE TO AAMCO CENTER WHERE WARRANTY WAS ISSUED.	

PARTS SOLD ON AN EXCHANGE BASIS ARE NOT RETURNABLE - LABOR CHARGES ARE FLAT RATES UNLESS OTHERWISE SPECIFIED
**This charge represents costs and Profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.

TRANSMISSION			**SERVICE PLUS**		
PARTS: 0.00	**LABOR:** 0.00	**SUBTOTAL:** 0.00	**PARTS:** 130.02	**LABOR:** 85.00	**SUBTOTAL:** 215.02

TOTAL LABOR	85.00
TOTAL PARTS	130.02
SUBTOTAL	215.02
TAX	15.05
TOTAL	**230.07**

• PROPOSED COMPLETION DATE _____ • INTENDED METHOD OF PAYMENT _____ • REPLACED PARTS WILL BE RETAINED FOR EXAMINATION OR RETURN IF REQUESTED. YES ☐ NO ☐ • A STORAGE FEE OF _____ PER DAY MAY APPLY AFTER 3 WORKING DAYS FROM NOTICE OF COMPLETION.

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT UNDER STATE LAW I AM ENTITLED TO A WRITTEN ESTIMATE IF MY

SEPARATE WARRANTY TERMS & CONDITIONS APPLY TO EACH SERVICE. ASK THIS INDEPENDENTLY OWNED & OPERATED AAMCO CENTER FOR A COPY OF THE WARRANTY TERMS THAT APPLY TO THE FOLLOWING SERVICE(S) AT THIS CENTER

SENSOR

90 DAY WARRANTY ON PARTS AND LABOR

1 NEW SENSOR
1 NEW LABOR

PARTS TOTAL $130.02 **LABOR TOTAL $85** 130.02 / 85.00

AUTHORIZATION: BY: JOHN DATE: 12/2/11 TIME: 15:26 FROM: GW VERIFICATION:

IF YOU ARE WITHIN 40 MILES OR 70 KM YOU MUST RETURN VEHICLE TO AAMCO CENTER WHERE WARRANTY WAS ISSUED.

PARTS SOLD ON AN EXCHANGE BASIS ARE NOT RETURNABLE - LABOR CHARGES ARE FLAT RATES UNLESS OTHERWISE SPECIFIED
**This charge represents costs and Profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.

TRANSMISSION
PARTS: 0.00 **LABOR:** 0.00 **SUBTOTAL:** 0.00

SERVICE PLUS
PARTS: 130.02 **LABOR:** 85.00 **SUBTOTAL:** 215.02

TOTAL LABOR	85.00
TOTAL PARTS	130.02
SUBTOTAL	
TAX	215.02
TOTAL	15.05
	230.07

• PROPOSED COMPLETION DATE _____ • INTENDED METHOD OF PAYMENT _____ • REPLACED PARTS WILL BE RETAINED FOR EXAMINATION OR RETURN IF REQUESTED. YES ☐ NO ☐ • A STORAGE FEE OF _____ PER DAY MAY APPLY AFTER 3 WORKING DAYS FROM NOTICE OF COMPLETION.

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL BILL WILL EXCEED $100.

☐ I REQUEST A WRITTEN ESTIMATE.
☐ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $ _____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
☐ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED _____ DATE _____

CERTIFICATION

s certifies that the automotive components describec above have been properly repaired and ored to sound working condition.

Authorized Signature

PARTS SHOWN AS EXCHANGE ARE NOT RETURNABLE

COMPLETION CERTIFICATE

I acknowledge receipt of the vehicle and a copy of this Repair Order.

Authorized Signature

Delivery Date

AAMCO
[illegible] BLVD
[illegible] FL 32218
757-5106

069300
4635650079900

3:14 PM

EXP: **/**

1836
1002

12437

3674377282?
: 20M4

$230.07

PAY ABOVE TOTAL AMOUNT
CARD ISSUER AGREEMENT
EMENT IF CREDIT VOUCHER)

USTOMER COPY

Brakes 4 Less

Brakes 4 Less # 06
7810 Lem Turner Road
Jacksonville Fl 32208
Phone 904-768-5223

NAME [redacted]
[redacted]
HOME PHONE [redacted]

MV-66985

WHEEL LOCKS: YES? NO?
GOT LUG KEY: YES? NO?
ALARM SYSTEM: YES? NO?
GOT REMOTE: YES? NO?

DATE	TIME	BRAKES4LESS REP	BRAKES4LESS TECH
CITY	STATE	[redacted]	YEAR 06
MAKE	MODEL	TAG #	MILEAGE [redacted]

By Law You Are Entitled The Return Of All The Parts Replaced Excepted Those Which Are Too Heavy Or Large And The Required To Be Sent Back To The Manufacturer Or Distributor Because Of Warranty Work Or An Exchange Agreement You Are Entitled To Inspect The Parts Which Cannot Be Returned.
RETURN PARTS? YES [redacted]
CUSTOMER APPROVAL

I authorize the work necessary to perform the inspection and understand that the inspection may discover items or conditions that cannot be restored to the condition the vehicle was originally accepted. [redacted]
CUSTOMER APPROVAL: ___ month ___ mile warranty ___ on all parts and labor unless otherwise specified.

"This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal. ***FS403.718 mandates a $1.00 fee for each new tire sold in the State of Florida. ***FS403.7155 mandates a $1.50 fee for each new or remanufactured battery sold in the state of Florida.

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: 06-3857
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $100.
[redacted] I REQUEST A WRITTEN ESTIMATE
___ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $ ___ . THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPRO[redacted] A WRITTEN ESTIMATE.
SIGNED [redacted] DATE: 10/14/0[illegible]

BRAKE INSPECTION

QTY	PART #	
1	BRKINSP	*Remove all wheels & inspect brake system for wear items and other needs. FREE!*

SPECIALS

QTY	PART #	2 Wheel Service	4 Wheel Service	Estimate PARTS	Estimate LABOR	Actual Totals PARTS	Actual Totals LABOR	REASON FOR SERVICE / PREMIUM UPGRADE
1	[illegible]	Install Pads / Shoes	Install Pads / Shoes	[illegible]	[illegible]	1950	[illegible]	[illegible]
1	[illegible]	Turn Rotors or Drums	Turn Rotors or Drums	[illegible]	[illegible]	1950	[illegible]	[illegible]
		Adjust Brakes and Repack Wheel Bearings						
1		CERAMIC PAD and/or SHOE UPGRADE			INC.		INC.	CHARGE FOR CERAMIC PADS / SHOES UPGRADE

PARTS / LABOR / SUB TOTAL
CUSTOMER APPROVAL INITIALS:

NEEDED REPAIRS

QTY	PART #	SERVICE/DESCRIPTION	Estimate PARTS	Estimate LABOR	Actual Totals PARTS	Actual Totals LABOR	REASON FOR NEEDED REPAIRS
1	117	[illegible]	[illegible]	49 –	DEC[illegible]		[illegible]
1	117	[illegible]			DEC[illegible]		[illegible]
1	BFE	[illegible]				49 00	[illegible]

PARTS / LABOR / SUB TOTAL
CUSTOMER APPROVAL INITIALS:

SUGGESTED REPAIRS / MAINTENANCE

QTY	PART #	SERVICE/DESCRIPTION	Estimate PARTS	Estimate LABOR	Actual Totals PARTS	Actual Totals LABOR	REASON FOR SUGGESTED REPAIR / MAINTENANCE
		Less [illegible]	[illegible]			[illegible]	

PARTS / LABOR / SUB TOTAL
CUSTOMER APPROVAL INITIALS:

ADDITIONAL SERVICES

QTY	PART #	SERVICE/DESCRIPTION	Estimate PARTS	Estimate LABOR	Actual Totals PARTS	Actual Totals LABOR	REASON FOR ADDITIONAL SERVICES
		[illegible]					
		[illegible]					

PARTS / LABOR / SUB TOTAL

ESTIMATE GOOD FOR 30 DAYS. NOT RESPONSIBLE FOR DAMAGE CAUSED BY THEFT, FIRE OR ACTS OF NATURE. I HEREBY AUTHORIZE THE ABOVE REPAIRS, INCLUDING SUBLET WORK, ALONG WITH THE NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES MAY OPERATE MY VEHICLE FOR THE PURPOSE OF TESTING, INSPECTION AND DELIVERY AT MY RISK. IF I CANCEL REPAIRS PRIOR TO THEIR COMPLETION FOR ANY REASON, A TEAR DOWN AND REASSEMBLY FEE OF $ [illegible] WILL BE APPLIED.

CUSTOMER SIGNATURE [redacted] DATE: 10/14/09

Labor Charges Based on: ☐ Flat Rate ☐ Hourly Rate ☐ Both Apply
ESTIMATE/DIAGNOSTIC FEE: ___ /OR HOURLY AT ___ PER HOUR
A storage fee of $ ___ per day may be applied to vehicles which are not claimed within 3 working days of notification of completion.
PROPOSED COMPLETION DATE:

OTHER AUTHORIZED PERSON TELEPHONE AUTHORIZATION
DATE ___ TIME ___
NAME
AMOUNT
SERVICE
TELEPHONE
IDENTIFICATION ___ MGR.

	Estimate	Actual
PARTS	$ 109.97	$ 39.00
LABOR	$ 109.00	$ 99.99
SUB TOTAL	$ 218.97	$ 138.99
TAX	$ 16.09	$ 10.21
FEES	$ 10.94	$ 6.94
TOTAL	$ 246.[illegible]	$ 156.14

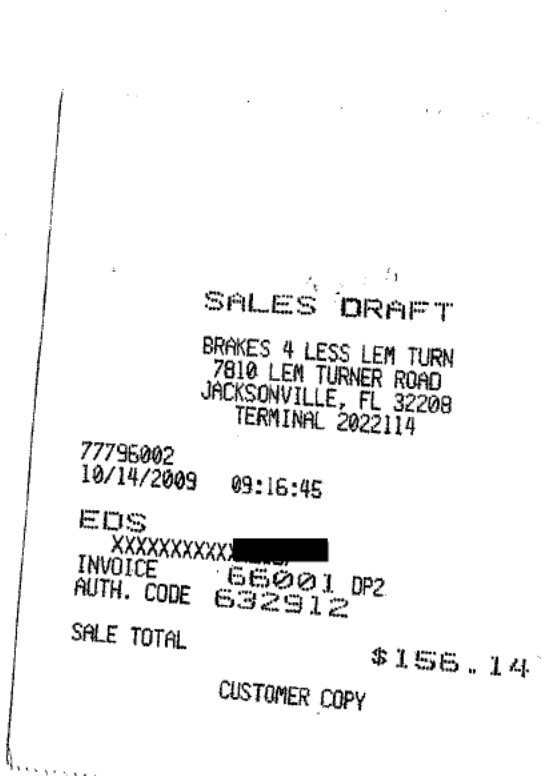
I HAVE RECEIVED THE WORK I[redacted]
CUSTOMER SIGNATU[redacted]

WARRANTY INFO - Reason/Service/Comment:
Manager to fill in: 12 month 12,000 mile [illegible] warranty

ORIGINAL RO#:
ORIGINAL STORE:

ORIGINAL - White · CUSTOMER - Yellow · CUSTOMER - Pink · CUSTOMER - Gold

BRAKES4LESS@EARTHLINK.NET • 1-866-299-7867 (STOP)



SALES DRAFT

BRAKES 4 LESS LEM TURN
7810 LEM TURNER ROAD
JACKSONVILLE, FL 32208
TERMINAL 2022114

77796002
10/14/2009 09:16:45

EDS
XXXXXXXXXX[redacted]
INVOICE 66001 DP2
AUTH. CODE 632912

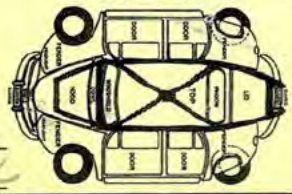
SALE TOTAL $156.14

CUSTOMER COPY

AutoNation Service & Tire Centers

DAMAGE
C - Chips M - Missing
S - Scratch T - Tear
D - Dent G - Glass Damage

VEHICLE CHECK IN



Customer Name [redacted] ASM Name Tom Date 4/23/12

Vehicle Description Mer Tech Name MG20 R/O# 210936

	Checks O.K.	Needs Attention	Needs Immediate Attention		Checks O.K.	Needs Attention	Needs Immediate Attention
Operation of Lights & Inspect Lens	✓			Battery Inspection	✓		
Condition of Wiper Inserts	✓			Battery Cable Inspection	✓		
Condition of Suspension	✓			Engine Oil	✓		
Condition of Drive Axles/Boots	✓			Brake Fluid	✓		
Exhaust System Inspection	✓			Transmission Fluid	✓		
Condition of Hoses	✓			Differential Fluid	✓		
Condition of Drive Belts	✓			Power Steering Fluid	✓		
Condition of Air Filter	✓			Engine Coolant	✓		
Fluid Leaks	✓			Warning Indicator Lights Inspection	✓		

TIRE AND BRAKE INSPECTION

LF	RF
Brake Lining	Brake Lining
Tire Tread	Tire Tread
Wear Pattern	Wear Pattern
Tire Pressure	Tire Pressure

☐ ***BRAKE INSPECTION NOT PERFORMED THIS VISIT***

LR	RR
Brake Lining	Brake Lining
Tire Tread	Tire Tread
Wear Pattern	Wear Pattern
Tire Pressure	Tire Pressure

PRIME ITEM CONCERNS

	Item and Description	Total $$	SOP	Authorized
	Transmission has internal Hydraulic	4929.-		Y N
	issue causing harsh shifts +			Y N
	slipage & rear outer gear			Y N
				Y N
				Y N
	Vehicle has possible exhaust leak			Y N
	Shield missing			Y N
				Y N
				Y N
				Y N
	TOTALS			

ADDITIONAL SERVICES AND/OR REPAIRS RECOMMENDED

SAFETY	RELIABILITY	MAINTENANCE	Item and Description	Total $$	SOP	Authorized
			Tires close to replacement			Y N
			D/S Flush			Y N
			Induction service			Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
			TOTALS			
			Total of Prime and ASR			

Method of Customer Approval:		Est. Tax & Misc.	
Time and Date of Approval:		GRAND TOTAL:	

Of Jacksonville

INVOICE

1726 Cassat Ave.
Jacksonville, Florida 32210
(904) 389-3621
www.mikeshad.com

MVRSR # MV - 00507

[redacted]
JACKSONVILLE, FL [redacted]
HOME: [redacted] CONT [redacted]
BUS: CELL:

PAGE 1

SERVICE ADVISOR: 3964 TOMMY CHEUNG

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
LIQUID SIL	06	NISSAN MAXIN	1N4BA41EX6C[redacted]		70885/70885	T3777

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
24JUN06 DD			19:00 23APR12			CASH	23APR12

R.O. OPENED	READY	OPTIONS:
23APR12	23APR12	STK:6C[redacted] DLR:3423 ENG:3.5_LITER_GAS

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A VEH IS JERKING AND JERKS REAL HARD AT 35 MPH AND OVER			
MA001 VEH NEEDS TRANSMISSION			
4670 CN		79.99	79.99
PARTS: 0.00 LABOR: 79.99 OTHER: 0.00 TOTAL LINE A:			79.99
**********			
B CUSTOMER REQUESTED TO HAVE A MULTI POINT INSPECTION PERFORMED THIS VISIT. WE USE A MASTER WHEEL LOCK SET TO REMOVE ALL WHEEL LOCKS, WE APPRECIATE YOUR BUSINESS.			
MULTI-A CUSTOMER REQUESTED TO HAVE A MULTI POINT INSPECTION PERFORMED THIS VISIT. WE USE A MASTER WHEEL LOCK SET TO REMOVE ALL WHEEL LOCKS, WE APPRECIATE YOUR BUSINESS.			
4670 CN		0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:			0.00
**********			
C** PLEASE SEE YOUR SERVICE ADVISOR ON YOUR NEXT VISIT.			
GEATT PLEASE SEE YOUR SERVICE ADVISOR ON YOUR NEXT VISIT.			
4670 CN		0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C:			0.00
**********			
D** PLEASE SEE YOUR SERVICE ADVISOR ON YOUR NEXT VISIT.			
GBK PLEASE SEE YOUR SERVICE ADVISOR ON YOUR NEXT VISIT.			
4670 CN		0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D:			0.00
**********			
E** PLEASE SEE YOUR SERVICE ADVISOR ON YOUR NEXT VISIT.			
GTIRE PLEASE SEE YOUR SERVICE ADVISOR ON YOUR NEXT VISIT.			
4670 CN		0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE E:			0.00
**********			
F** NEEDS TRANSMISSION			

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.
If Payment Is Made By Check When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. If processed as an EFT, funds may be withdrawn from your account as soon as today. You agree that you will not dispute us electronically debiting your account, so long as the amount corresponds to the amount on this invoice. In the event your check or EFT is returned unpaid for any reason, you authorize us or our agent to charge a service fee up to the maximum amount permitted by law.

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

***SHOP SUPPLY COSTS:** We have added a charge equal to $3.00 or 12% of the total cost of labor and parts, whichever is greater, to the Repair Order. This charge will not exceed $59.95. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. The State of Florida requires a $1.00 fee to be collected for each new tire sold in the state [s.403.718], and a $1.50 fee to be collected for each new or remanufactured lead-acid battery sold in the state [s.403.7185].

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES *	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE DEALERSHIP'S LIMITED WARRANTY ON THE REVERSE SIDE OF THIS REPAIR

DealerCAP©

CUSTOMER COPY

210936

INVOICE

PAGE 2

Mike Shad Nissan Of Jacksonville

1726 Cassat Ave.
Jacksonville, Florida 32210
(904) 389-3621
www.mikeshad.com

MVRSR # MV - 00507

[redacted]
JACKSONVILLE, FL [redacted]
HOME: [redacted] CONT [redacted]
BUS: CELL:

SERVICE ADVISOR: 3964 TOMMY CHEUNG

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
LIQUID SIL	06	NISSAN MAXIN	1N4BA41EX6C[redacted]		70885/70885	T3777

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
24JUN06 DD			19:00 23APR12			CASH	23APR12

R.O. OPENED	READY	OPTIONS: STK:6C[redacted] DLR:3423 ENG:3.5_LITER_GAS
23APR12	23APR12	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
DSGEN RECOMMENDED SERVICE - General decline							
	4670		CN			0.00	0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE F: 0.00

****

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 9.60

CC created 2012-04-18 11:28:00am taken by Barba ra Mccoy

Thank you for doing business at Mike Shad Nissan of Jacksonville. We want you to be able to send in your survey completely Excellent and you would be Encouraged to do business with us. Here at Mike Shad Nissan WE APPRECIATE YOUR BUSINESS, THANK YOU !

Mike Shad

PAID
APR 23 REC'D
By Credit

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

If Payment Is Made By Check When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. If processed as an EFT, funds may be withdrawn from your account as soon as today. You agree that you will not dispute us electronically debiting your account, so long as the amount corresponds to the amount on this invoice. In the event your check or EFT is returned unpaid for any reason, you authorize us or our agent to charge a service fee up to the maximum amount permitted by law.

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

***SHOP SUPPLY COSTS:** We have added a charge equal to $3.00 or 12% of the total cost of labor and parts, whichever is greater, to the Repair Order. This charge will not exceed $59.95. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. The State of Florida requires a $1.00 fee to be collected for each new tire sold in the state [s.403.718], and a $1.50 fee to be collected for each new or remanufactured lead-acid battery sold in the state [s.403.7185].

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

DESCRIPTION	TOTALS
LABOR AMOUNT	79.99
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES *	9.60
TOTAL CHARGES	89.59
LESS INSURANCE	0.00
SALES TAX	6.28
PLEASE PAY THIS AMOUNT	95.87

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE DEALERSHIP'S LIMITED WARRANTY ON THE REVERSE SIDE OF THIS REPAIR

DealerCAP o

CUSTOMER COPY

MIKE SHAD NISSAN [illegible]
1726 CA[illegible]AT A[illegible]
JACKSONVILLE FL [illegible]
904-388-0221

Term ID: 74305714 Ref #: 0009

Sale

[redacted]
MASTERCARD Entry Method: Swiped

Total: $ 95.87

04/23/12 14:49:29
Inv #: 210936 Appr Code: 02379Z
Batch#: 000684
Zip Code:

Customer Copy

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