

**EXHIBIT 3 – PRICING
SOLICITATION NO. 0900000520
SW0767-AUTOMOTIVE REPAIR AND MAINTENANCE**

AUTOMOBILE REPAIR AND MAINTENANCE

Pricing shall include all costs associated with auto repair services.

AUTOMOBILE REPAIR SERVICES, LABOR RATE

\$ _____ Per Hour

PARTS, AT LIST PRICE, LESS A PERCENTAGE DISCOUNT:

_____ % Discount

COST FOR TROUBLE SHOOTING OR DIAGNOSTIC CHARGE

\$ _____ Per Hour

Name of publication(s) used for determining labor rates and labor hour:

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MEDIUM AND HEAVY-DUTY TRUCK REPAIR AND MAINTENANCE

This Section is for suppliers who can repair Medium and Heavy-Duty Trucks. Automotive Repair Shops DO NOT need to fill in this Section

TRUCK REPAIR SERVICES, LABOR RATE

\$ _____ Per Hour

PARTS, AT LIST PRICE, LESS A PERCENTAGE DISCOUNT:

_____ % Discount

COST FOR TROUBLE SHOOTING OR DIAGNOSTIC CHARGE

\$ _____ Per Hour

Name of publication(s) used for determining labor rates and labor hour:

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GLASS/WINDSHIELD SERVICE/REPLACEMENT/REPAIR

Pricing shall include all necessary supervision, labor, tools, equipment, parts, materials, supplies and transportation required to perform the services.

GLASS/WINDSHIELD REPLACEMENT SERVICES, LABOR RATE

\$ _____ Per Hour

PARTS, AT LIST PRICE, LESS A PERCENTAGE DISCOUNT:

_____ % Discount

WINDSHIELD REPAIR SERVICE

1st Crack – Rock Ding less than 1” crack from point to point \$ _____ Per Occurrence

Each Additional Crack – Rock Ding less than 1” \$ _____ Per Occurrence

1st Crack – Rock Ding larger than 1” crack from point to point \$ _____ Per Occurrence

Each Additional Crack – Rock Ding larger than 1” \$ _____ Per Occurrence

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TRANSMISSION SERVICE, REPLACEMENT AND REPAIR PRICING

Pricing shall be in the form of a discount from “List price”. The pricing shall include all costs; re-manufacturing, rebuilding, and installation of transmissions with converters, fluids and all trained personnel, supervision, tools, equipment, parts, materials, supplies and necessary transportation required to perform the services specified in this contract.

LABOR RATE PER HOUR

\$ _____ Per Hour

PARTS, AT LIST PRICE, LESS A PERCENTAGE DISCOUNT:

_____ **% Discount**

Do the services meet specifications? ___ Yes ___ No

Vendor Remarks:

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PAINT AND BODY PRICING

LABOR RATE PER HOUR:

\$ _____ Per Hour

UNIBODY AND FRAME REPAIR RATE PER HOUR:

\$ _____ Per Hour

PARTS PRICING DISCOUNT FROM LIST PRICE

_____ %Discount

Specify cost list used, i.e.: Wholesale, Retail, Distributor, etc.

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UPHOLSTERING

Upholstering services including repair or replace seats and/or trim.

LABOR RATE PER HOUR:

\$ _____ Per Hour

Specify cost list used, i.e.: Wholesale, Retail, Distributor, etc.

PAINT -Paint Charges (Entire Vehicle)

Sale cars and utility i.e., Expeditions, Broncos, Tahoe's, etc. One Color Fill 7 holes (Maximum) Machines and ships and scratches

\$ _____

Reissue cars and utility vehicles. One Color. Fill 7 holes (Maximum) machine sand chips and scratches.

\$ _____

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VEHICLE DETAIL PRICING

Supplier shall provide pricing for each vehicle detail services listed for each vehicle category.

	Complete Detail	Exterior Detail	Interior Detail	Shampoo Carpet Only	Removal of Decals
Cars	\$	\$	\$	\$	\$
Mini Vans	\$	\$	\$	\$	\$
Full Size Van	\$	\$	\$	\$	\$
Truck up to 1 ton	\$	\$	\$	\$	\$
Truck over 1 ton	\$	\$	\$	\$	\$

EXHIBIT 2 – BUSINESS RESPONSE

SOLICITATION NO. 0900000520

SW0767

**VEHICLE REPAIR AND
MAINTENANCE**

Surrounding Counties you can service:

(If you have multiple locations please attach a separate sheet with the same information as above.)

Please list the brands of equipment that you are able to service and the publication used for pricing the hourly labor rate:

Which of the brands are you factory authorized from the manufacturer to work on?

Please list the brands of parts that you are able to provide:

Which of the brands of parts you are factory authorized to sell?

Lead Time for service (i.e. within 24 hours of service or parts request):

**EXHIBIT 2 – BUSINESS RESPONSE
LOCATION OF AUTO OR TRUCK REPAIR SHOPS**

LOCATION 1

NAME OF COMPANY:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NAME: _____

PHONE: _____ **FAX:** _____

LOCATION 2

NAME OF COMPANY:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NAME: _____

PHONE: _____ **FAX:** _____

LOCATION 3

NAME OF COMPANY:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NAME: _____

PHONE: _____ **FAX:** _____

LOCATION 4

NAME OF COMPANY:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NAME: _____

PHONE: _____ **FAX:** _____

IF SUPPLIER HAS MORE THAN FOUR LOCATIONS, PLEASE DUPLICATE THIS PAGE AND ATTACH TO YOUR RESPONSE.