

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. <input type="checkbox"/> I REQUEST A WRITTEN ESTIMATE. <input type="checkbox"/> 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. <input type="checkbox"/> I DO NOT REQUEST A WRITTEN ESTIMATE.					M&A Truck and Trailer Repair Inc. 403 North Blvd West Davenport, FL 33837 (352)551-8442 Fax # 863-424-0490 FLORIDA REGISTRATION #MV88635		____ month/ ____ mile warranty on all parts and labor unless otherwise specified.	
							Intended Payment Method:	
							CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/>	
							Date 3/9/2019 Time	
SIGNED _____ DATE _____					Name CDST TRANSPORT		Proposed/ Completion Date:	
					Address 3102 JOSEPH ROAD		Office:	
					City :VALDOSTA State GA Zip31601		Cell:	
					Work Authorized by: JIM		Fax#:	
Year/Make FREIGHTLINER UNIT # 144097							219839 MILES	
VIN 3AKJHHDR7JSJZ999 ENG S/N								
*U/Used R/Rebuilt RC/Reconditioned NC/ No Chg /Warranty RD/Reduced/					Save Old Parts: <input type="checkbox"/> Yes <input type="checkbox"/> No (Core may apply)			
QTY	PART NO	DESCRIPTION	PRICE	EXTEND	Customer Complaint/Problem P.M.			
1	A4731800409	FILTER	\$29.40					
11	9853-1	OIL	\$182.05		LABOR CHARGES BASED ON:		ESTIMATE/DIAGNOSTIC FEE:	
1	AS257	BUG WASH	\$2.26		<input type="checkbox"/> FLAT RATE _____ \$ HOURLY RATE \$ 60.00 HR <input type="checkbox"/> BOTH APPLY _____ x Mileage \$ 2.00 per mile		\$ _____ /OR HOURLY AT \$ _____ PER HOUR	
		GREASE	\$8.80		A storage fee of \$ _____ per day may be applied to vehicles which are not claimed within 3 working days of notification of completion			
					INVOICE # 13871		LABOR	
					DESCRIPTION OF REPAIR:		CHARGES	
					P.M. SERVICE			
							PARTS	
							\$222.51	
							LABOR HR @\$ 60.00 HR	
					LF 14/32 RF 14/32		\$60.00	
					LFI 9/32 LFO 10/32 RFI 9/32 RFO 10/32		MILES R/TRIP @\$1.25mi	
					LRI 10/32 LRO 9/32 RRI 10/32 RRO 10/32		\$	
							** DISPOSAL FEE	
							\$15.00	
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 \$ _____ will be applied. X _____ Date _____							TOLLS \$	
							SUBTOTAL \$297.51	
							TAX \$20.83	
							BALANCE DUE:	
		\$318.34						