

<b>PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:</b> 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.  SIGNED _____ DATE _____					<b>M&amp;A Truck and Trailer Repair Inc.</b> <b>403 North Blvd West</b> <b>Davenport, FL 33837</b> <b>(352)551-8442</b> <b>Fax#863-424-0490</b> <b>FLORIDA REGISTRATION #MV88635</b>		____ 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 2/22/19	Time		
					Proposed Completion Date:			
Name K&J FREIGHT					OFFICE			
Address 3102 JOSEPH ROAD					CELL		407-468-0641	
City :VALDOSTA State GA Zip31601					FAX#			
AUTHORIZED BY: JIM					MILEAGE		29740	
Year/Make INTERNATIONAL UNIT 148025					VIN 3HSDZAPR4JN426260			
*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)			
Customer Complaint/Problem WEEKLY INSP								
QTY	PART NO	DESCRIPTION	PRICE	EXTEND	LABOR CHARGES BASED ON:		ESTIMATE/DIAGNOSTIC FEE:	
					<input type="checkbox"/> FLAT RATE _____ \$ HOURLY RATE \$ 60.00 HR <input type="checkbox"/> BOTH APPLY _____ x Mileage \$1.25per mile		\$ _____ /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			
					INVOICE # 13826		LABOR	
					DESCRIPTION OF REPAIR:		CHARGES	
							PARTS	
							\$	
					LF 20/32 RF 20/32		LABOR HR @\$ 60.00 HR	
					LFI 26/32 LFO 25/32 LRI 26/32 LRO 25/32		<b>\$30.00</b>	
					RFI 26/32 RFO 26/32 RRI 26/32 RRO 26/32		MILES R/TRIP @\$1.25mi	
							\$	
							** DISPOSAL FEE	
							\$	
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 \$30.00	
							TAX \$2.10	
							<b>BALANCE DUE:</b> <b>\$32.10</b>	