

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 3/10/2019 Time																														
SIGNED _____ DATE _____					Name CDST TRANSPORT			Proposed/ Completion Date:																														
					Address 3102 JOSEPH ROAD			Office:																														
					City :VALDOSTA State GA Zip31601			Cell:																														
					Work Authorized by:			Fax#:																														
Year/Make VOLVO UNIT # 138641					MILEAGE		457527																															
VIN 4V4NC9H7HN976473 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)																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>QTY</th> <th>PART NO</th> <th>DESCRIPTION</th> <th>PRICE</th> <th>EXTEND</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>85132685</td> <td>FILTER KIT</td> <td>\$75.67</td> <td></td> </tr> <tr> <td>10</td> <td>9853-1</td> <td>15/40 OIL</td> <td>\$165.50</td> <td></td> </tr> <tr> <td>1</td> <td>AS257</td> <td>BUS WASH</td> <td>\$2.26</td> <td></td> </tr> <tr> <td></td> <td></td> <td>GREASE</td> <td>\$8.80</td> <td></td> </tr> <tr> <td>1</td> <td>P550851</td> <td>FUEL PRO</td> <td>\$29.06</td> <td></td> </tr> </tbody> </table>					QTY	PART NO	DESCRIPTION	PRICE	EXTEND	1	85132685	FILTER KIT	\$75.67		10	9853-1	15/40 OIL	\$165.50		1	AS257	BUS WASH	\$2.26				GREASE	\$8.80		1	P550851	FUEL PRO	\$29.06		Customer Complaint/Problem PM SERVICE			
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LABOR CHARGES BASED ON: <input type="checkbox"/> FLAT RATE _____ \$ HOURLY RATE \$ 60.00 HR <input type="checkbox"/> BOTH APPLY _____ x Mileage \$ 2.00 per mile					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																																						
					INVOICE # 13882		LABOR																															
					DESCRIPTION OF REPAIR:		CHARGES																															
					DRAIN OIL AND CHANGE FILTERS (OIL & FUEL)CLEAN																																	
					AND GREASE 5TH WHEEL & CHASSIE, CK FLUID		PARTS																															
					LEVELS CK LIGHTS		\$281.29																															
							LABOR 1HR@\$ 60.00 HR																															
					LF 15/32 FR 15/32		\$60.00																															
					LFI 20/32 LFO 20/32 RFI 17/32 RFO 21/32		MILES R/TRIP @\$1.25mi																															
					LRI 21/32 LRO 20/32 RRI 22/32 RRO 21/32		\$																															
							** 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 \$356.29																															
							TAX \$24.94																															
							BALANCE DUE: \$381.23																															