

|  |  |  |  |             |   |  |  |      |
|--|--|--|--|-------------|---|--|--|------|
| <b>PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:</b><br>I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED \$100.<br><input type="checkbox"/> I REQUEST A WRITTEN ESTIMATE.<br><input type="checkbox"/> I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____.<br>THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.<br><input type="checkbox"/> I DO NOT REQUEST A WRITTEN ESTIMATE.<br><br>SIGNED _____ DATE _____ |  |  |  |             | <b>M&amp;A Truck and Trailer Repair Inc.</b><br><b>403 North Blvd West</b><br><b>Davenport, FL 33837</b><br><b>(352)551-8442</b><br><b>Fax#863-424-0490</b><br><b>FLORIDA REGISTRATION #MV88635</b> |  | ____ month/ ____ mile warranty<br>on all parts and labor unless<br>otherwise specified.                                |      |
|  |  |  |  |             |   |  | Intended Payment Method:   |      |
|  |  |  |  |             |   |  | CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> |      |
|  |  |  |  |             |   |  | Date 3/17/19   | Time |
| Name CDST TRANSPORT  |  |  |  |             | Proposed Completion Date:   |  |  |      |
| Address 3102 JOSEPH ROAD   |  |  |  |             | OFFICE  |  |  |      |
| City :VALDOSTA State GA Zip31601   |  |  |  |             | CELL  |  | 407-468-0641   |      |
| AUTHORIZED BY: JIM   |  |  |  |             | FAX#  |  |  |      |
| Year/Make VOLVO  |  |  |  | UNIT 138797 | MILEAGE   |  | 412658   |      |
| VIN 4V4NC9EH8FN191568  |  |  |  |             |   |  |  |      |
| *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/  |  |  |  |             |   |  |  |      |
| LABOR CHARGES BASED ON:<br><input type="checkbox"/> FLAT RATE _____ <input type="checkbox"/> HOURLY RATE \$ 60.00 HR<br><input type="checkbox"/> BOTH APPLY _____ x Mileage\$1.25per mile  |  |  |  |             | ESTIMATE/DIAGNOSTIC FEE:<br>\$_____/OR HOURLY AT<br>\$_____ 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 # 13941  |  |  |  |             | LABOR   |  | CHARGES  |      |
| DESCRIPTION OF REPAIR:   |  |  |  |             |   |  |  |      |
|  |  |  |  |             |   |  |  |      |
|  |  |  |  |             |   |  | PARTS  |      |
| LF 11/32 RF 12/32  |  |  |  |             |   |  | \$   |      |
| LFI 10/32 LFO 9/32 LRI 16/32 LRO 17/32   |  |  |  |             |   |  | LABOR HR@\$ 60.00 HR   |      |
| RFI 11/32 RFO 11/32 RRI 16/32 RRO 17/32  |  |  |  |             |   |  | \$ 30.00   |      |
|  |  |  |  |             |   |  | 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.<br><br>X _____ Date _____   |  |  |  |             |   |  | TOLLS \$   |      |
|  |  |  |  |             |   |  | SUBTOTAL \$30.00   |      |
|  |  |  |  |             |   |  | TAX \$2.10   |      |
|  |  |  |  |             |   |  | <b>BALANCE DUE:</b><br><b>\$32.10</b>  |      |

