MY WRITTEN OR ORAL APPROVAL.					M&A Truck and Trailer Repair Inc. 403 North Blvd West Davenport, FL 33837 (352)551-8442 Fax # 863-424-0490 FLORIDA REGISTRATION #MV88635 Name CDST TRANSPORT Address 3102 JOSEPH ROAD City:VALDOSTA State GA Zip31601		month/mile warranty on all parts and labor unless otherwise specified. Intended Payment Method: CASH CHECK VISA MC Date 1/26/19 Time Proposed Completion Date: Office: Cell:	
I DO NOT REQUEST A WRITTEN ESTIMATE.					Work Authorized by: JIM ROS		Fax#:	550000
SIGNED DATE			Year/Make VOLVO VIN 4V4NC9EH1GN949347	UNIT # 133067	MILEAGE	662230		
*U/Used R/Rebuilt RC/Reconditioned NC/ No Chg /Warranty RD/Reduced/					VIN 4V4NC9EH1GN949347 ENG S/N Save Old Parts: ☐ Yes ☐ No (Core may apply)			
				Customer Complaint/Problem WEEKLY INSP				
					LABOR CHARGES BASED ON: FLAT RATE & HOURL BOTH APPLY x A storage fee of \$ per day may b INVOICE # DESCRIPTION OF REPAIR: LF 14/32 RF 14/32 LRI 15/32 LFO 15/32 LRI 14/32 RFI 16/32 RFO 15/32 RRI 13/32	Mileage \$ 2.00 per mile se applied to vehicles which are not of 13659 LRO 14/32	\$/ \$/	AGNOSTIC FEE: OR HOURLY AT PER HOUR King days of notification of completion CHARGES PARTS \$ LABOR.5 HR@\$ 60.00 HR \$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. X								\$ TOLLS \$ SUBTOTAL \$30.00 TAX \$2.10 BAL DUE: \$32.10