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					M&A Truck and Trailer Repair Inc. 403 North Blvd West Davenport, FL 33837 (352)551-8442		month/mile warranty on all parts and labor unless otherwise specified. Intended Payment Method:		
WILL EXCEED \$100.				Fax # 863-424-0490		CASH CHECK VISA MC			
I REQUEST A WRITTEN ESTIMATE.				FLORIDA REGISTRATION #MV88635		Date 2/16/2019 Time			
I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCED \$				Name K&J TRANSPORT		Proposed Completion Date:			
			Address 3102 JOSEPH ROAD		Office:				
MY WRITTEN OR ORAL APPROVAL.			City:VALDOSTA State GA Zip31601		Cell:				
I DO NOT REQUEST A WRITTEN ESTIMATE.			Work Authorized by: JIM ROSESKI		Fax#:				
SIC	NED	DAT	Γ Ε		Year/Make VOLVO	UNIT # 144431	MILEAGE	45478	
SiG	NLD	DAT	! L		VIN 4V4NC9EH7EN172637	ENG S/N	i		
*U/L	Jsed R/Rebuilt RC/Recond	ditioned NC/ No Chg /Warranty	RD/Reduced	d/	Save Old Parts: ☐ Yes ☐ No	(Core may apply)			
QTY	PART NO	DESCRIPTION	PRICE	EXTEND	Customer Complaint/Problem	ustomer Complaint/Problem WEEKLY INSP			
					LABOR CHARGES BASED ON:		ESTIMATE/DIA		
					FLAT RATE ξ HOURLY RATE \$60.00 HR \$ BOTH APPLY x Mileage \$ 2.00 per mile \$		\$/0 \$	/OR HOURLY AT PER HOUR	
	A storage fee of \$ per day may be applied to vehicles which are not claimed w				claimed within 3 work	d within 3 working days of notification of completion			
					INVOICE # DESCRIPTION OF REPAIR:	13805	LABOR	CHARGES	
					DESCRIPTION OF REPAIR.	•			
								PARTS	
					LF 16/32 RF 17/32			\$	
					LFI 14/32 LFO 14/32 LRI 13/32	LRO 22/32		LABOR. HR@\$ 60.00 HR	
					RFI 15/32 RFO 15/32 RRI 11/32	2 RRO 12/32		\$30.00	
								MILES R/TRIP @\$1.25mi	
								Ψ	
								** DISPOSAL FEE	
								\$	
	Estimate good for 30 days. Not responsible for damage caused by theft, fire or acts of nature. I hereby authorize						TOLLS \$		
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							SUBTOTAL \$30.00		
completion for any reason, a tear down and reassembly fee of \$ will be applied.						TAX \$2.10			
X	D	oate						BALANCE DUE: \$32.10	