

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 3/17/2019 Time _____	
SIGNED _____ DATE _____					Name C D S T TRANSPORT		Proposed/ Completion Date:	
					Address 3102 JOSEPH ROAD		Office:	
					City :VALDOSTA State GA Zip31601		Cell:	
					Work Authorized by: JIM		Fax#:	
Year/Make FREIGHTLINER UNIT # 144398					MILES	200404		
VIN 3AKJHHDR5KSKF5936 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)			
QTY	PART NO	DESCRIPTION	PRICE	EXTEND	Customer Complaint/Problem F.H.W.A.			
1	MA051	INSP FORM	\$5.00					
					LABOR CHARGES BASED ON:		ESTIMATE/DIAGNOSTIC FEE:	
					<input type="checkbox"/> FLAT RATE _____ \$ HOURLY RATE \$ 60.00 HR <input type="checkbox"/> BOTH APPLY _____ x Mileage \$ 2.00 per 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 # 13936		LABOR	CHARGES
					DESCRIPTION OF REPAIR:			
					F.H.W.A. INSP			PARTS
								\$5.00
								LABOR HR @\$ 60.00 HR
								\$60.00
								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 _____ Date _____							TOLLS \$	
							SUBTOTAL \$65.00	
							TAX \$4.55	
							BALANCE DUE: \$69.55	