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 3/3/2019 Time			
I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCED \$				Name K&J TRANSPORT		Proposed Com	pletion Date:		
THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT			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#:				
ISIGNED DATE				Year/Make VOLVO	UNIT # 144431	MILEAGE	49677		
510	NLD	DA	·		VIN 4V4NC9EH7EN172637	ENG S/N	1		
*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				
					LABOR CHARGES BASED ON:			ATE/DIAGNOSTIC FEE:/OR HOURLY AT PER HOUR	
					FLAT RATE ξ HOURLY RATE \$ 60.00 HR \$ BOTH APPLY x Mileage \$ 2.00 per mile \$		\$/G \$		
	A storage fee of \$ per day may be applied to vehicles which are not claim				imed within 3 working days of notification of completion				
					INVOICE # DESCRIPTION OF REPAIR:	13862	LABOR	CHARGES	
-					DESCRIPTION OF REPAIR.				
								PARTS	
-					LF 12/32 RF 14/32			\$	
					LFI 11/32 LFO 11/32 LRI 10/32	LRO 19/32		LABOR. HR@\$ 60.00 HR	
					RFI 11/32 RFO 12/32 RRI 9/32	RRO 8/32		\$30.00	
								MILES R/TRIP @\$1.25mi	
								** DISPOSAL FEE	
- · ·		1.6.1						\$	
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						TOLLS \$			
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.							SUBTOTAL \$30.00		
						TAX \$2.10			
X	D	ate						BALANCE DUE: \$32.10	