| 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 |  | month/mile warranty on all parts and labor unless otherwise specified. |   |
|--|---|--|--|-----------------------|---|--|--|---|
| WILL EXCEED \$100.   |   |  |  |                       | (352)551-8442<br>Fax # 863-424-0490                                       |  | Intended Payment Method:   |   |
| I REQUEST A WRITTEN ESTIMATE.  |   |  |  |                       | FLORIDA REGISTRATION #MV88635   |  | CASH   CHECK   VISA   MC   Date 2/11/19 Time                           |   |
| I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCED \$  |   |  |  |                       | Name CDST TRANSPORT   |  | Proposed Completion 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#:  |   |
| CICNED   |   |  |  | Year/Make VOLVO       | UNIT # 133067   | MILEAGE  | 668377   |   |
| SIGNED DATE  |   |  |  | VIN 4V4NC9EH1GN949347 | ENG S/N   |  |  |   |
| *U/Used R/Rebuilt RC/Reconditioned NC/ No Chg /Warranty RD/Reduced/  |   |  |  |                       | Save Old Parts: ☐ Yes ☐ No (Core may apply)                               |  |  |   |
| QTY  | Y PART NO DESCRIPTION PRICE EXTEND Customer Complaint/Problem WEEKLY INSP |  |  |                       |   |  |  |   |
|  |   |  |  |                       | LABOR CHARGES BASED ON:  ☐ FLAT RATE                                      | the applied to vehicles which are not of the state of the | \$/\<br>\$   | CHARGES  PARTS \$ LABOR.5 HR@\$ 60.00 HR  \$30.00  MILES R/TRIP @\$1.25mi  \$ |
|  |   |  |  |                       |   |  |  | ** DISPOSAL FEE<br>\$   |
| 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   |   |  |  |                       |   |  |  | SUBTOTAL \$30.00  |
| 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. |   |  |  |                       |   |  |  | TAX \$2.10  |
| XDate  |   |  |  |                       |   |  | 1  | BAL DUE: \$32.10  |