

<b>PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:</b> 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.					<b>M&amp;A Truck and Trailer Repair Inc.</b> <b>403 North Blvd West</b> <b>Davenport, FL 33837</b> <b>(352)551-8442</b> <b>Fax # 863-424-0490</b> <b>FLORIDA REGISTRATION #MV88635</b>			____ 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 3/11/2019 Time _____						
SIGNED _____ DATE _____					Name K&J 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 195885					
					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 WEEKLY INSP									
					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 # 13884				LABOR		CHARGES			
					DESCRIPTION OF REPAIR:									
											PARTS			
											\$			
											LABOR HR @\$ 60.00 HR			
					LF 15/32 RF 15/32						\$30.00			
					LFI 16/32 LFO 16/32 RFI 15/32 RFO 16/32						MILES R/TRIP @\$1.25mi			
					LRI 15/32 LRO 15/32 RRI 15/32 RRO 15/32						\$			
											** 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 \$30.00					
									TAX \$2.10					
											BALANCE DUE:			
										\$32.10				