

PLEASE READ CAREFULLY, CHECK ONE OF THE

M&A Truck and Trailer Repair Inc.

**_____month/_____mile warranty
on all parts and labor unless**

STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED \$100. _____ I REQUEST A WRITTEN ESTIMATE. _____ 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. _____ I DO NOT REQUEST A WRITTEN ESTIMATE.					403 North Blvd West Davenport, FL 33837 (352)551-8442 Fax # 863-424-0490		otherwise specified.	
							Intended Payment Method:	
							CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/>	
							Date 1/20/2019 Time	
					Name CDST TRANSPORT		Proposed/ Completion Date:	
					Address 3102 JOSEPH ROAD		Office:	
					City :VALDOSTA State GA Zip31601		Cell:	
					Work Authorized by: JIM		Fax#:	
					Year/Make FREIGHTLINER	UNIT # 144707		67960 MILES
SIGNED _____ DATE _____					VIN 3AKJHHDR5KSKF3900		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			
1	AS257	BUG WASH	\$2.26					
					LABOR CHARGES BASED ON:		ESTIMATE/DIAGNOSTIC FEE:	
					<input type="checkbox"/> FLAT RATE _____ <input type="checkbox"/> 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 # 13632		LABOR	
					DESCRIPTION OF REPAIR:		CHARGES	
							PARTS	
							\$2.26	
							LABOR HR @\$ 60.00 HR	
					LF 12/32 RF 15/32		\$30.00	
					LFI 22/32 LFO 21/32 RFI 21/32 RFO 22/32		MILES R/TRIP @\$1.25mi	
					LRI 20/32 LRO 21/32 RRI 21/32 RRO 21/32		\$	
							** 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 \$2.26	
							BALANCE DUE: \$34.52	