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.

_____I REQUEST A WRITTEN ESTIMATE.

_____I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCED $_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

_____I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED _____ DATE _____

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 ☐ CHECK ☐ VISA ☐ MC ☐

Date 3/9/2019 Time

Name K&J TRANSPORT

Proposed Completion Date:

Address 3102 JOSEPH ROAD

Office:

City :VALDOSTA State GA Zip31601

Cell:

Work Authorized by: JIM ROSESKI

Fax#:

Year/Make VOLVO **UNIT # 144431**

MILEAGE 51714

VIN 4V4NC9EH7EN172637 **ENG S/N**

*U/Used R/Rebuilt RC/Reconditioned NC/ No Chg /Warranty RD/Reduced/

Save Old Parts: ☐ Yes ☐ No (Core may apply)

QTY	PART NO	DESCRIPTION	PRICE	EXTEND

Customer Complaint/Problem WEEKLY INSP

LABOR CHARGES BASED ON:
☐ FLAT RATE_____ ξ HOURLY RATE $ 60.00 HR
☐ BOTH APPLY_____ x Mileage $ 2.00 per mile

ESTIMATE/DIAGNOSTIC FEE:
$_____/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 # 13875

DESCRIPTION OF REPAIR:

LF 12/32 RF 15/32

LFI 11/32 LFO 11/32 LRI 9/32 LRO 19/32

RFI 10/32 RFO 12/32 RRI 13/32 RRO 12/32

LABOR	CHARGES
	PARTS $
	LABOR. HR@$ 60.00 HR **$30.00**
	MILES R/TRIP @$1.25mi **$**
	** DISPOSAL FEE **$**
	TOLLS $
	SUBTOTAL $30.00
	TAX $2.10
	BALANCE DUE: $32.10

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_____