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.			403 No Davenp (352 Fax#8 FLORIDA REGING Name CDST TRANSPO Address 3102 JOSEPH I	Address 3102 JOSEPH ROAD City:VALDOSTA State GA Zip31601 AUTHORIZED BY: JIM		month/mile warranty on all parts and labor unless otherwise specified. Intended Payment Method: CASH CHECK VISA MC Date 3/18/19 Time Proposed Completion Date: OFFICE CELL 407-468-0641 FAX#	
SIGNED DATE		Year/Make VOLVO VIN	UNIT 138641	MILEAGE	462542		
*U/Used R/Rebuilt RC/Recor	nditioned NC/ No Chg /Warranty F	RD/Reduced/	1 1 1 1	Save Old Parts: Yes No (Core may apply)			
				Customer Complaint/Problem C E L			
			BOTH APPLY x A storage fee of \$ per d INV DESCRIPTION OF RE	HOURLY RATE \$ 60.00 HR Mileage\$1.25per mile ay may be applied to vehicles which are not to the control of the	\$	CHARGES PARTS	
			FORCE REGEN DIDN'T	CLEAR CODES ADVISE JIM		\$ LABOR HR@\$ 60.00 HR \$ 90.00 MILES R/TRIP @\$1.25mi \$	
the above repairs, including sublet worl operate my vehicle for the purpose of to completion for any reason, a tear down	sible for damage caused by theft, fire or ack, along with the necessary materials. You esting, inspection and delivery at my risk. I and reassembly fee of \$ will be	u and your employees may				** DISPOSAL FEE \$ TOLLS \$ SUBTOTAL \$90.00 TAX \$6.30 BALANCE DUE: \$96.30	