

<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.  SIGNED _____ DATE _____					<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 2/9/19	Time		
Name CDST TRANSPORT					Proposed Completion Date:			
Address 3102 JOSEPH ROAD					OFFICE			
City :VALDOSTA State GA Zip31601					CELL		407-468-0641	
AUTHORIZED BY: JIM					FAX#			
Year/Make VOLVO				UNIT 144020	MILEAGE		357427	
VIN 4V4NC9EH7JN886682								
*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)			
Customer Complaint/Problem P.M.								
QTY	PART NO	DESCRIPTION	PRICE	EXTEND				
10	9853-1	15/40 OIL	\$165.50					
2	21707133	OIL FILTERS	\$35.35		LABOR CHARGES BASED ON: <input type="checkbox"/> FLAT RATE _____ \$ HOURLY RATE \$ 60.00 HR <input type="checkbox"/> BOTH APPLY _____ x Mileage \$1.25per mile			
1	21707132	OIL BY PASS FILTER	\$30.28					
1	AS257	BUG WASH	\$2.26		A storage fee of \$ _____ per day may be applied to vehicles which are not claimed within 3 working days of notification of completion			
					<b>INVOICE # 13748</b>		<b>LABOR</b>	
1	22474709	FUEL FILTER	\$40.10		<b>DESCRIPTION OF REPAIR:</b>		<b>CHARGES</b>	
							<b>PARTS</b>	
							<b>\$273.49</b>	
					LF 16/32 RF 16/32		LABOR HR @\$ 60.00 HR	
					LFI 26/32 LFO 25/32 LRI 25/32 LRO 25/32			
					RFI 25/32 FRO 25/32 RRI 25/32 RRO 25/32		<b>\$ 60.00</b>	
							MILES R/TRIP @\$1.25mi	
							\$	
							** DISPOSAL FEE	
							<b>\$15.00</b>	
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 \$348.49	
							TAX \$24.39	
							<b>BALANCE DUE:</b> <b>\$372.88</b>	