

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. <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.					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 <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/>	
							Date 2/2/2019 Time	
SIGNED _____ DATE _____					Name ETHOS TRANSPORT		Proposed/ Completion Date:	
					Address 3102 JOSEPH ROAD		Office:	
					City :VALDOSTA State GA Zip31601		Cell:	
					Work Authorized by: JIM		Fax#:	
Year/Make VOLVO					UNIT # 138348		1034506 MILES	
VIN					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					
1	23528203	ANTIFREEZE	\$11.37		LABOR CHARGES BASED ON:		ESTIMATE/DIAGNOSTIC FEE:	
1	P550851	FUEL FILTER	\$29.06		<input type="checkbox"/> FLAT RATE _____ ξ HOURLY RATE \$ 60.00 HR <input type="checkbox"/> BOTH APPLY _____ x Mileage \$ 2.00 per mile		\$ _____ /OR HOURLY AT \$ _____ PER HOUR	
1	7974587628	DOT 4 BRAKE FLUID	\$4.45		A storage fee of \$ _____ per day may be applied to vehicles which are not claimed within 3 working days of notification of completion			
					INVOICE # 13739		LABOR	CHARGES
					DESCRIPTION OF REPAIR:			
					NO HOOD STRUTS TO HOLD HOOD			
								PARTS
								\$47.14
								LABOR HR @\$ 60.00 HR
					LF 10/32 RF 9/32			\$30.00
					LFI 16/32 LFO 17/32 RFI 16/32 RFO 17/32			MILES R/TRIP @\$1.25mi
					LRI 14/32 LRO 14/32 RRI 15/32 RRO 13/32			\$
								** 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 \$77.14	
							TAX \$5.40	
							BALANCE DUE: \$82.54	