

☐ 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.

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

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

Name CDST TRANSPORT

Address 3102 JOSEPH ROAD

City :VALDOSTA State GA Zip31601

Work Authorized by: JIM ROSESKI

Year/Make VOLVO

UNIT # 144020

VIN 4V4NC9EH7JN886682

ENG S/N

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

Customer Complaint/Problem	WEEKLY INSP
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LABOR CHARGES BASED ON:

☐ FLAT RATE _____ § 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 # 13807

LABOR

CHARGES

DESCRIPTION OF REPAIR:

WINDSHIELD HAS CRACK 1/2 WAY UP WINDSHIELD

LF 17/32 RF 18/32

LFI 26/32	LFO 26/32	LRI 26/32	LRO 26/32
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RFI 25/32 RFO 25/32 RRI 26/32 RRO 26/32

	PARTS
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	\$
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LABOR. HR@\$ 60.00 HR

\$30.00

	MILES R/TRIP @\$1.25mi
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\$

** DISPOSAL FEE

\$

TOLLS \$	
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	SUBTOTAL \$30.00
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TAX	\$2.10
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BALANCE DUE:
\$32.10

