

☐ 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
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UNIT # 133067

VIN 4V4NC9EH1GN949347

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

Intended Payment Method:

CASH ☐ CHECK ☐ VISA ☐ MC ☐

Date	2/23/19	Time
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Proposed Completion Date:

Office:

Cell:

Fax#:

	MILEAGE
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674604

	INVOICE # 13832
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LABOR

CHARGES

DESCRIPTION OF REPAIR:

	PARTS
	\$2.26

LABOR.5 HR@\$ 60.00 HR	
\$30.00	

LF 12/32	RF 12/32
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LRI 13/32 LFO 13/32 LRI 12/32 LRO 9/32

	MILES R/TRIP @\$1.25mi
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RFI 14/32 RFO 14/32 RRI 10/32 RRO 12/32

** DISPOSAL FEE	
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\$

TOLLS \$	
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	SUBTOTAL \$32.26
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TAX	\$2.26
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BAL DUE: \$34.52