

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. SIGNED _____ DATE _____					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 2/11/19	Time
							Proposed Completion Date:	
Name PATHOS TRANSPORT					OFFICE			
Address 3102 JOSEPH ROAD					CELL		352-322-1109	
City : VALDOSTA State GA Zip 31601					FAX#			
AUTHORIZED BY: JIM					MILES		802918	
Year/Make					UNIT 148126			
VIN 1M1AW07YXDM024707								
*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 ROAD SERVICE								
QTY	PART NO	DESCRIPTION	PRICE	EXTEND	LABOR CHARGES BASED ON:		ESTIMATE/DIAGNOSTIC FEE:	
4	PX31925C702	BATTERIES	\$310.50		<input type="checkbox"/> FLAT RATE _____ <input checked="" type="checkbox"/> HOURLY RATE \$ 60.00 HR <input type="checkbox"/> BOTH APPLY _____ x Milage \$1.25per mile		\$_____/OR HOURLY AT \$_____ PER HOUR	
4	FLA BATT FEE		\$6.90		A storage fee of \$_____ per day may be applied to vehicles which are not claimed within 3 working days of notification of completion			
					INVOICE # 13803		LABOR	
					DESCRIPTION OF REPAIR:		CHARGES	
					ROAD SERVICE TO SMART POST ORLANDO NO			
					START LOAD TEST BATT NO GOOD REPLACE 4 BATT		PARTS	
							\$ 317.40	
							LABOR	
							\$ 90.00	
							MILES R/TRIP @\$1.25mi	
							\$	
							** DISPOSAL FEE	
							TOLLS \$	
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 _____							SUBTOTAL \$407.40	
							TAX \$28.52	
							BALANCE DUE:	
							\$435.92	