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					M&A Truck and Trailer Repair Inc. 403 North Blvd West Davenport, FL 33837 (352)551-8442		month/mile warranty on all parts and labor unless otherwise specified. Intended Payment Method:	
WILL EXCEED \$100.				Fax # 863-424-0490		CASH CHECK VISA MC		
I REQUEST A WRITTEN ESTIMATE.				FLORIDA REGISTRATION #MV88635		Date 2/23/2019 Time		
I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCED \$				Name K&J TRANSPORT		Proposed Completion Date:		
			Address 3102 JOSEPH ROAD		Office:			
MY WRITTEN OR ORAL APPROVAL.			City:VALDOSTA State GA Zip31601		Cell:			
I DO NOT REQUEST A WRITTEN ESTIMATE.			Work Authorized by: JIM ROSESKI		Fax#:			
SIG	NED	DA1	F		Year/Make VOLVO	UNIT # 144431	MILEAGE	47534
Olo		<i>D</i> /(1	_		VIN 4V4NC9EH7EN172637	ENG S/N	N	
*U/U	Ised R/Rebuilt RC/Recond	ditioned NC/ No Chg /Warranty	RD/Reduced	1 /	Save Old Parts: ☐ Yes ☐ No	(Core may apply)		
QTY	PART NO	DESCRIPTION	PRICE	EXTEND	Customer Complaint/Problem			
					LABOR CHARGES BASED ON: □ FLAT RATE	the applied to vehicles which are not one applied to vehicles which ar	\$	OR HOURLY AT PER HOUR
								** 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						TOLLS \$	
operate my vehicle for the purpose of testing, inspection and delivery at my risk. If I cancel repairs prior to their							SUBTOTAL \$30.00	
completion for any reason, a tear down and reassembly fee of \$ will be applied.						TAX \$2.10		
X	D	ate						BALANCE DUE: \$32.10