

<b>PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:</b> 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 _____					<b>M&amp;A Truck and Trailer Repair Inc.</b> <b>403 North Blvd West</b> <b>Davenport, FL 33837</b> <b>(352)551-8442</b> <b>Fax#863-424-0490</b> <b>FLORIDA REGISTRATION #MV88635</b>		____ 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 2/16/19	Time		
Name K&J FREIGHT					Proposed Completion Date:			
Address 3102 JOSEPH ROAD					OFFICE			
City :VALDOSTA State GA Zip31601					CELL	407-468-0641		
AUTHORIZED BY: JIM					FAX#			
Year/Make CASCADIA				UNIT 144462	MILEAGE	141951		
VIN 3AKJHHDR8JSKC7627								
*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 P.M.								
QTY	PART NO	DESCRIPTION	PRICE	EXTEND				
1	A4731800409	OIL FILTER	\$29.40					
11	9853-1	15/40 OIL	\$182.05					
1	DDEA0001421089	DEF FILTER	\$132.10					
					LABOR CHARGES BASED ON: <input type="checkbox"/> FLAT RATE _____ <input checked="" type="checkbox"/> HOURLY RATE \$ 60.00 HR <input type="checkbox"/> BOTH APPLY _____ x Mileage \$1.25per 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 # 13804		LABOR	
					DESCRIPTION OF REPAIR:		CHARGES	
					REPLACE D E F FILTER			
							PARTS	
							\$ 343.55	
					LF 14/32 RF 12/32		LABOR HR @\$ 60.00 HR	
					LFI 17/32 LFO 18/32 LRI 17/32 LRO 17/32		\$90.00	
					RFI 18/32 RFO 18/32 RRI 17/32 RRO 17/32		MILES R/TRIP @\$1.25mi	
							\$	
							** DISPOSAL FEE	
							\$15.00	
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 \$448.55			
					TAX \$31.40			
					<b>BALANCE DUE:</b> <b>\$479.95</b>			