

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.					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 3/17/2019 Time _____	
SIGNED _____ DATE _____					Name K&J TRANSPORT		Proposed Completion Date:	
					Address 3102 JOSEPH ROAD		Office:	
					City :VALDOSTA State GA Zip31601		Cell:	
					Work Authorized by: JIM ROSESKI		Fax#:	
					Year/Make VOLVO		MILEAGE 53745	
					UNIT # 144431			
*U/Used R/Rebuilt RC/Reconditioned NC/ No Chg /Warranty RD/Reduced/					VIN 4V4NC9EH7EN172637		ENG S/N	
					Save Old Parts: <input type="checkbox"/> Yes <input type="checkbox"/> No (Core may apply)			
					Customer Complaint/Problem WEEKLY INSP			
					LABOR CHARGES BASED ON:		ESTIMATE/DIAGNOSTIC FEE:	
					<input type="checkbox"/> FLAT RATE _____ \$ HOURLY RATE \$ 60.00 HR		\$ _____ /OR HOURLY AT	
					<input type="checkbox"/> BOTH APPLY _____ x Mileage \$ 2.00 per mile		\$ _____ 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 # 13938		LABOR	
					DESCRIPTION OF REPAIR:		CHARGES	
							PARTS	
					LF 13/32 RF 15/32		\$	
					LFI 12/32 LFO 12/32 LRI 8/32 LRO 19/32		LABOR. HR @\$ 60.00 HR	
					RFI 12/32 RFO 12/32 RRI 10/32 RRO 10/32		\$30.00	
							MILES R/TRIP @\$1.25mi	
							\$	
							** 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 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 \$30.00	
							TAX \$2.10	
							BALANCE DUE: \$32.10	

