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|--|---------|-------------|--------|--------|---|--|--|--|
| 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 1/19/2019 Time _____ | |
| Name CDST TRANSPORT | | | | | Proposed/ Completion Date: | | | |
| Address 3102 JOSEPH ROAD | | | | | Office: | | | |
| City :VALDOSTA State GA Zip31601 | | | | | Cell: | | | |
| Work Authorized by: JIM | | | | | Fax#: | | | |
| Year/Make FREIGHTLINER UNIT # 144097 | | | | | | | 183375 MILES | |
| VIN 3AKJHHDR7JSJZ9999 ENG S/N | | | | | | | | |
| *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) | | | |
| QTY | PART NO | DESCRIPTION | PRICE | EXTEND | Customer Complaint/Problem WEEKLY INSP | | | |
| 1 | AS257 | BUG WASH | \$2.26 | | | | | |
| | | | | | LABOR CHARGES BASED ON: | | ESTIMATE/DIAGNOSTIC FEE: | |
| | | | | | <input type="checkbox"/> FLAT RATE _____ \$ HOURLY RATE \$ 60.00 HR <input type="checkbox"/> BOTH APPLY _____ x Mileage \$ 2.00 per mile | | \$ _____ /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 # 13622 | | LABOR | |
| | | | | | DESCRIPTION OF REPAIR: | | CHARGES | |
| | | | | | | | | |
| | | | | | NOTE RIGHT REAR REAR SHOCK LEAKING | | PARTS | |
| | | | | | | | \$2.26 | |
| | | | | | | | LABOR HR @\$ 60.00 HR | |
| | | | | | LF 12/32 RF 14/32 | | \$30.00 | |
| | | | | | LFI 12/32 LFO 14/32 RFI 14/32 RFO 13/32 | | MILES R/TRIP @\$1.25mi | |
| | | | | | LRI 14/32 LRO 12/32 RRI 15/32 RRO 15/32 | | \$ | |
| | | | | | | | ** 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 \$32.26 | |
| | | | | | | | TAX \$2.26 | |
| | | | | | | | BALANCE DUE: \$34.52 | |