

<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.					<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 1/20/2019 Time _____	
SIGNED _____ DATE _____					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 # 144398							163276 MILES	
VIN 3AKJHHDR5KSKF5936 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: <input type="checkbox"/> FLAT RATE _____ \$ HOURLY RATE \$ 60.00 HR <input type="checkbox"/> BOTH APPLY _____ x Mileage \$ 2.00 per 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 # 13635		LABOR	
					DESCRIPTION OF REPAIR:		CHARGES	
							PARTS	
							\$2.26	
							LABOR HR @\$ 60.00 HR	
					LF 13/32 RF 11/32		\$30.00	
					LFI 19/32 LFO 18/32 RFI 19/32 RFO 18/32		MILES R/TRIP @\$1.25mi	
					LRI 17/32 LRO 18/32 RRI 19/32 RRO 17/32		\$	
							** 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	
							<b>BALANCE DUE:</b> <b>\$34.52</b>	