

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. _____ I REQUEST A WRITTEN ESTIMATE. _____ 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. _____ 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 2/16/19 Time _____	
Name CDST TRANSPORT					Proposed Completion Date:			
Address 3102 JOSEPH ROAD					Office:			
City :VALDOSTA State GA Zip31601					Cell:			
Work Authorized by: JIE ROSESKI					Fax#:			
Year/Make VOLVO					UNIT # 133067		MILEAGE	
							671426	
VIN 4V4NC9EH1GN949347					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)			
Customer Complaint/Problem P.M.								
QTY	PART NO	DESCRIPTION	PRICE	EXTEND	LABOR CHARGES BASED ON:		ESTIMATE/DIAGNOSTIC FEE:	
10	9853-1	15/40 oil	\$165.50		<input type="checkbox"/> FLAT RATE _____ <input checked="" type="checkbox"/> HOURLY RATE \$ 60.00 HR <input type="checkbox"/> BOTH APPLY _____ x Mileage \$ 2.00 per mile		\$ _____ /OR HOURLY AT \$ _____ PER HOUR	
1	85132685	FILTER KIT	\$75.67					
1	21516229	FILTER UREA	\$87.84					
1	21954674	STRAINER	\$20.29		A storage fee of \$ _____ per day may be applied to vehicles which are not claimed within 3 working days of notification of completion			
					INVOICE # 13810		LABOR	
1	898	FOG LIGHT BULB (R/S)	\$6.45		DESCRIPTION OF REPAIR:		CHARGES	
					P.M SERVICE			
					REPLACE D E F FILTER AND STRAINER			
							PARTS	
							\$355.75	
							LABOR.HR @\$ 60.00 HR	
					LF 12/32 RF 13/32		\$90.00	
					LRI 11/32 LFO 12/32 LRI 10/32 LRO 9/32		MILES R/TRIP @\$1.25mi	
					RFI 14/32 FRO 13/32 RRI 9/32 RRO 10/32		\$	
							** 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 \$460.75	
							TAX \$32.25	
							BALANCE DUE: \$493.00	

