

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 3/10/2019 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 # 144878							94853 MILES	
VIN 3AKJHHDR9KSKJ9302 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			
					LABOR CHARGES BASED ON:			
					<input type="checkbox"/> FLAT RATE _____ <input type="checkbox"/> 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 # 13883		LABOR	
					DESCRIPTION OF REPAIR:		CHARGES	
							PARTS	
							\$	
							LABOR HR @\$ 60.00 HR	
					LF 15/32 RF 15/32		\$30.00	
					LFI 21/32 LFO 20/32 RFI 20/32 RFO 20/32		MILES R/TRIP @\$1.25mi	
					LRI 20/32 LRO 19/32 RRI 20/32 RRO 20/32		\$	
							** 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 \$30.00	
							TAX \$2.10	
							BALANCE DUE: \$32.10	

