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 EXCED $_____. 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 ☐ CHECK ☐ VISA ☐ MC ☐

Date 2/9/19 Time

Name K&J FREIGHT

Proposed Completion Date:

Address 3102 JOSEPH ROAD

OFFICE

City :VALDOSTA State GA Zip31601

CELL 407-468-0641

AUTHORIZED BY: JIM

FAX#

Year/Make CASCADIA **UNIT 144462**

MILEAGE 137622

VIN 3AKJHHDR8JSKC7627

*U/Used R/Rebuilt RC/Reconditioned NC/ No Chg /Warranty RD/Reduced/

Save Old Parts: ☐ Yes ☐ No (Core may apply)

QTY	PART NO	DESCRIPTION	PRICE	EXTEND
1	A4731800409	OIL FILTER	$29.40	
11	9853-1	15/40 OIL	$182.05	

Customer Complaint/Problem P.M.

LABOR CHARGES BASED ON:
☐ FLAT RATE_____ ξ HOURLY RATE $ 60.00 HR
☐ BOTH APPLY_____ x _____ Mileage$1.25per 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 # 13751

DESCRIPTION OF REPAIR:

LF 14/32 RF 13/32

LFI 17/32 LFO 18/32 LRI 17/32 LRO 17/32

RFI 18/32 RFO 18/32 RRI 17/32 RRO 17/32

LABOR	CHARGES
	PARTS $ 211.45
	LABOR HR@$ 60.00 HR $60.00
	MILES R/TRIP @$1.25mi $
	** DISPOSAL FEE $15.00
	TOLLS $
	SUBTOTAL $286.45
	TAX $20.05
	BALANCE DUE: $306.50

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_____