

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 3/9/19	Time
Name CDST TRANSPORT					Proposed Completion Date:			
Address 3102 JOSEPH ROAD					OFFICE			
City :VALDOSTA State GA Zip31601					CELL		407-468-0641	
AUTHORIZED BY: JIM					FAX#			
Year/Make				UNIT 148133	MILEAGE		90598	
VIN								
*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 WEEKLY INSP								
LABOR CHARGES BASED ON: <input type="checkbox"/> FLAT RATE _____ <input checked="" type="checkbox"/> HOURLY RATE \$ 60.00 HR <input type="checkbox"/> 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 # 13878					LABOR		CHARGES	
DESCRIPTION OF REPAIR:								
							PARTS	
LF 13/32 RF 13/32							\$	
LFI 19/32 LFO 18/32 LRI 17/32 LRO 18/32							LABOR HR @\$ 60.00 HR	
RFI 18/32 RFO 19/32 RRI 18/32 RRO 17/32							\$ 30.00	
							MILES R/TRIP @\$1.25mi	
							\$	
							** 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	

