

3521 W 16TH ST INDIANAPOLIS IN 46222

[317] 426 - 2011

Date:_	7/10/	2025
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YEAR MAKE MEDEL WARRANTY ON PARTS IF DEFECTIVE WITH RECEIPT GOOD NO WARRANTY: Customer brought parts Onew parts We diagnosed Vehicle Upon Customer's Request/We Did SERVICE PROVIDER: Marcos Justin Ocarlos OEdgar OIS	O UNTIL/ s replaced □ other Not Diagnosed Vehicle □ Notal Diagnosed User □ Diagnosed □ Dia	leeds More Work □ Lab ın □Uli	abor war	AILEAGE ranty: Days
☐ Oil Change: Type of Oil: W ☐ Full Synthetic ☐	high mileage / synthetic blend /	conventional		
DESCRIPTION			EIM	TOTAL PRISE
Exhaust M	Juffler		~	220.°°
Exhaust nangers (3)				45,00
	and the second s		<u></u>	
IMPORTANT NOTES:				
IF YOU WANT YOUR OLD PARTS BACK PLEASE LET US KNOW BEFORE YOU LEAVE OTHER WITH A CORE UNLESS YOU BROUGHT THE PART OR YOU PAY THE CORE CHARGE. IF NEE TRANSPORTATION OF VEHICLE AND YOUR OWN TO AND FROM THE SHOP. Not respons the above repairs, along with any necessary materials. I authorize you and your employed understand the shop is not responsible for any spills, stains, damages or accidents to my to secure the amount of repairs thereto. I understand there is a storage fee of \$15.00 per to their completion for any reason a tear-down and reassembly fee equivalent to the label the release of my vehicle. By signing below I agree that I have read and understand the	DED FOR ANY REASON YOU (CUSTOM ible for damage caused by theft, fire, ees to operate on my vehicle for the py vehicle or caused by my vehicle. An eer day after 24 hours of work, estimatoor charge for my repairs and any pari	ER) ARE RESPONSIBLE FOR FIND acts of nature or anything out of urpose of repair, testing, inspect express mechanic's lien is hereby e or cancellation of repairs being	ING AND ALI four control. ion and/or d acknowledge completed	L FEES OF/FOR I (customer) authorize elivery at my risk. I also ed on the above vehicle If I cancel repairs prior
* Andres VIIIalobos PRINTED NAME	Subtotal: \$	265,00		
1	CARD (+card fee or faxes)		CASH	
X MANON CO COLOR		TOTAL		
SIGNATURE	283,55	AMOUNT PAID		
Phone #: 1317 1 319 - 3967		BALANCE DUE		
MARK HERE IF APPROVED OVER PHONE \Box (317) 789 - 6362				
I (customer) have fully inspected my vehicle prior to leaving the premises of the accidents become my own and the shop will not be held accountable. I fully un	ne repair shop. I understand that derstand all the repairs or service	after my vehicle leaves the sh	op; any rish	c, liabilities or

important notes, if any, with my service writer. I understand that I am responsible to pay the full amount of this invoice for the release of my vehicle. By signing below I agree with the statements above.

SIGNATURE

X DATE 7/10/2025

3521 W 16TH ST Indianapolis, IN 46222 Date 7/6/2025

(317) 426 2011

REPAIR ESTIMATE

MIST bring this paper with you in order to validate this estimate / WE DO NOT KEED CODIES OF ESTIMATES

ritten by	YEAR	MAKE	MODEL	ENGINE#	LIC. PLATI	E or VIN		
Gubi	2004	FORD	F 3500)				
Υ	PART NO.		REPAIR DESCRIPTION	ON	<u>.</u>	Part price	Labor cost	Unit TOTAL
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				<i>v.</i>				
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					TOTAL			1 <i>965</i> .°



IMC TIRES & MUFFLERS SVC

3521 W 16TH ST INDIANAPOLIS, IN 46222 3174262011

No warranty on any used parts, including used tires. Tire repairs are temporary until you change to a new tire.

11-Jui-2025 12:00:24P

Transaction 002303

1	Exhaust	\$265.00

Subtotal		\$265.00
7	7%	\$18.55
Total		\$283.55

DEBIT CARD SALE \$283.55

VISA 6292

Retain this copy for statement

validation

11-Jul-2025 12:00:40P \$283.55 | Method: CONTACTLESS US DEBIT XXXXXXXXXXXXXX6292 VISA CARDHOLDER

Reference ID: 519200580985

Auth ID: 000033 MID: ******5997 AID: A0000000980840

AthNtwkNm: INTERLINK

RtInd:DEBIT PIN VERIFIED

Thank you for shopping with us. Have a good day :)

Clover ID: 61KM09732C9AJ Payment C22E2BAJXC7RE

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