

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. <input checked="" type="checkbox"/> I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$0.00 . THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL. SIGNED: _____ DATE: 10/19/2020					GUANE GAS STATION GENERAL MECHANIC 1201 NW 7 ST, MIAMI, FL, 33125 Phs: 786-253-0646 MVR: 07110 MV-47286 INVOICE: 5313			____ month/mile warranty on all parts.																																																																																																													
					Intended Payment Method:																																																																																																																
					cash																																																																																																																
					Date: 10/19/2020 Time: 06:27 pm																																																																																																																
Name: TERICA REED					Proposed Completion Date:																																																																																																																
Address:					Home Ph:																																																																																																																
City:		State: FL		Zip:		Work Ph:																																																																																																															
Other Authorized Person:					Phone: 7862672469																																																																																																																
Year/Make: 2014 NISSAN		Model: ALTIMA		Tag:		Miles In: 0																																																																																																															
VIN#:					Miles Out: 0																																																																																																																
*U/Used R:Rebuilt RC/Reconditioned NC/No Chg/Warranty RD/Reduced/					Save Old Parts: no (Core may apply)																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Qty</th> <th>Part</th> <th>Description</th> <th>Price</th> <th>Warranty</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>YH4790088</td> <td>BRK ROTOR</td> <td>30.00</td> <td>2 year</td> </tr> <tr> <td>1</td> <td>GNAD1650</td> <td>BRK PAD SET</td> <td>30.00</td> <td>2 year</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Qty	Part	Description	Price	Warranty	2	YH4790088	BRK ROTOR	30.00	2 year	1	GNAD1650	BRK PAD SET	30.00	2 year																																																																																																Complaint/Problem:		
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					Labor charges based on: hourly rate																																																																																																																
					Estimate/diagnostic fee: / Or hourly at \$ 0.00 Per hour																																																																																																																
A storage fee of \$ 25 per day may be applied to vehicles which are not claimed within 3 working days																																																																																																																					
					Description of Repairs (invoice)		Labor																																																																																																														
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							SUB-TOTAL: \$ 170.00																																																																																																														
							TAX: \$ 11.90																																																																																																														
							TOTAL: \$ 181.90																																																																																																														

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 **\$ 0** will be applied.

SIGNED: _____ DATE: 10/19/2020

This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal. *FS403.718 mandates a \$1.00 fee for each new tire sold in the State of Florida. ***FS403.7185 mandates a \$1.50 fee for each new or remanufactured battery sold in the State of Florida.