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 $150.

____I REQUEST A WRITTEN ESTIMATE.

__X__ 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.

____I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED: _____ DATE: 05/15/2025

GUANE GAS STATION

1201 NW 7 ST, MIAMI, FL, 33125
MVR: 07110 786-253-0646
FLORIDA REGISTRATION: MV-47286
INVOICE: 14084

____ month/mile warranty on all parts.

Intended Payment Method:

cash

Date: 05/15/2025 **Time:** 07:44 pm

Name: XOCHILL ESCABAR			**Proposed Completion Date:**
Address: 1531 E 8 COLT			**Home Ph:**
City: HIALEAH	**State:** FL	**Zip:** 33010	**Work Ph:**
Other Authorized Person:			**Phone:** 7867399746
Year/Make: 2012 KIA	**Model:** SORENTO	**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)

Qty	Part	Description	Price	Warranty
1	T198376	A/C COMPRESSOR KIT N	460.00	2 year
1	621493	FAN ASSEMBLY	194.99	3 year
1	713882	A/C CONDENSER	205.00	3 year
1	5060975	SERP BELT POLY	48.87	3 year
1	810257693b	CONTROL ARM (R)	170.00	3 year

Complaint/Problem:

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	Labor	Time	Charges
☑ **Invoice** ☐ **Estimate**			
RENPLACE FAN & cCONDESADOR	140	1	**PARTS:**
RENPLACE A/COMPRESSOR KIT	380	1	**$ 1,078.86**
FLOCHE A/C	40	1	**LABOR:**
RENPLACE CONTROL ARM	90	1	**$ 650.00**
			SUBLET/OTHER:
			$ 0.00
			SUPPLIES:
			$ 0.00
			FEES:
			$ 0.00
			SUB-TOTAL:
			$ 1,728.86
			TAX:
			$ 121.02

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: 05/15/2025

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

TOTAL:
$ 1,849.88