

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.

we 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: 2018/11/27

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

GUANE GAS STATION GENERAL MECHANIC 1201 NW 7 ST, MIAMI, FL, 33125 Phs: 786-253-0646 MVR: 07110 MV-47286 Invoice: 2670		month/mile warranty on all parts.	
		Intended Payment Method:	
		cash	
		Date: 7/28/2018 Time: 6:31 pm	
Name: reinier		Proposed Completion Date:	
Address:		Home Ph:	
City:	State: FL	Zip:	Work Ph:
Other Authorized Person:		Phone:	
Year/Make: 2002 FORD	Model: EXPLORE	Tag:	Miles In: 0
VIN#:		Miles Out: 0	
Save Old Parts: no (Core may apply)			