


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      |               |             |                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|-------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--------------------------------------------------------------------|------|---------------|-------------|------------------------------------------|--|
| <p><b>PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:</b><br/>         I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED \$100.<br/> <input type="checkbox"/> I REQUEST A WRITTEN ESTIMATE.<br/> <input type="checkbox"/> I DO NOT REQUEST A WRITTEN ESTIMATE.<br/> <input checked="" type="checkbox"/> I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED <b>\$0.00</b>. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.</p> <p>SIGNED: _____ DATE: 01/16/2020</p>                 |      |                           |       |          | <b>GUANE GAS STATION</b><br>GENERAL MECHANIC<br>1201 NW 7 ST, MIAMI, FL, 33125<br>Phs: 786-253-0646<br><b>MVR: 07110 MV-47286 INVOICE: 1591</b>                                                                                                                                                                                      |  |            | ____ month/mile warranty on all parts.                             |      |               |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            | Intended Payment Method:                                           |      |               |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            | credit                                                             |      |               |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            | Date: 8/1/2017 Time: 12:22 pm                                      |      |               |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          | Name: ELOI                                                                                                                                                                                                                                                                                                                           |  |            | Proposed Completion Date:                                          |      |               |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          | Address:                                                                                                                                                                                                                                                                                                                             |  |            | Home Ph:                                                           |      |               |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          | City:                                                                                                                                                                                                                                                                                                                                |  | State: FL  |                                                                    | Zip: |               | Work Ph:    |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          | Other Authorized Person:                                                                                                                                                                                                                                                                                                             |  |            | Phone:                                                             |      |               |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          | Year/Make: 2013 CHRYSLER                                                                                                                                                                                                                                                                                                             |  | Model: 200 |                                                                    | 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 | Complaint/Problem:                                                                                                                                                                                                                                                                                                                   |  |            |                                                                    |      |               |             |                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | CHEAP OIL FILTER          | 5     | -        |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      |               |             |                                          |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | OIL SYNT 5W30 1QT CASTROL | 7     | -        | Labor charges based on:<br>hourly rate                                                                                                                                                                                                                                                                                               |  |            | Estimate/diagnostic fee:<br>/ Or hourly at <b>\$ 0.00</b> Per hour |      |               |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          | A storage fee of \$ <b>25</b> per day may be applied to vehicles which are not claimed within 3 working days                                                                                                                                                                                                                         |  |            |                                                                    |      |               |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          | Description of Repairs (invoice)                                                                                                                                                                                                                                                                                                     |  |            | Labor                                                              | Time | Charges       |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          | LUBE AND FILTER                                                                                                                                                                                                                                                                                                                      |  |            | 10                                                                 | 1    | PARTS:        |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | \$ 47.00      |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | LABOR:        |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | \$ 10.00      |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | SUBLET/OTHER: |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | \$ 0.00       |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | SUPPLIES:     |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | \$ 0.00       |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | FEES:         |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | \$ 0.00       |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | SUB-TOTAL:    |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | \$ 57.00      |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | TAX:          |             |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |       |          |                                                                                                                                                                                                                                                                                                                                      |  |            |                                                                    |      | \$ 3.99       |             |                                          |  |
| <p>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 <b>\$ 0</b> will be applied.</p> <p style="text-align: center;"></p> <p>SIGNED: _____ DATE: 01/16/2020</p> |      |                           |       |          | <p>**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 Sate of Florida. ***FS403.7185 mandates a \$1.50 fee for each new or remanufactured battery sold in the State of Florida.</p> |  |            |                                                                    |      |               |             | <p><b>TOTAL:</b><br/><b>\$ 60.99</b></p> |  |