

<p><b>PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:</b>          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.</p> <p>SIGNED: _____ DATE: 08/12/2020</p>					<b>GUANE GAS STATION</b> GENERAL MECHANIC 1201 NW 7 ST, MIAMI, FL, 33125 Phs: 786-253-0646 <b>MVR: 07110 MV-47286 INVOICE: 5067</b>		____ month/mile warranty on all parts.																																																																																																																											
					Intended Payment Method:		Date: 08/12/2020 Time: 05:41 pm																																																																																																																											
					cash																																																																																																																													
					Name: LUIS Address: City: State: FL Zip:			Proposed Completion Date:																																																																																																																										
					Other Authorized Person:					Home Ph:																																																																																																																								
Year/Make: 2008 DODGE Model: GRAN CARABAN					Work Ph:																																																																																																																													
VIN#:					Phone:																																																																																																																													
Tag: Miles In: 0					Miles Out: 0																																																																																																																													
Save Old Parts: no (Core may apply)																																																																																																																																		
Complaint/Problem:																																																																																																																																		
Labor charges based on: hourly rate					Estimate/diagnostic fee: / Or hourly at <u>\$ 0.00</u> Per hour																																																																																																																													
A storage fee of \$ <u>25</u> per day may be applied to vehicles which are not claimed within 3 working days																																																																																																																																		
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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 <u>\$ 0</u> will be applied.																																																																																																																																		
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