

| | | | | | | | | | | | | | |
|---|--|--|--|--|---|--|-----------|---|--|------|---------------------------------|---------------------------|--|
| <p>PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:</p> <p>I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED \$100.</p> <p><input type="checkbox"/> I REQUEST A WRITTEN ESTIMATE.</p> <p><input type="checkbox"/> I DO NOT REQUEST A WRITTEN ESTIMATE.</p> <p>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.</p> <p>SIGNED: _____ DATE: 02/09/2019</p> | | | | | GUANE GAS STATION GENERAL MECHANIC 1201 NW 7 ST, MIAMI, FL, 33125 Phs: 786-253-0646 MVR: 07110 MV-47286 INVOICE: 2911 | | | month/mile warranty on all parts. | | | | | |
| | | | | | | | | Intended Payment Method: | | | | | |
| | | | | | | | | cash | | | | | |
| | | | | | | | | Date: 10/12/2018 Time: 12:30 am | | | | | |
| | | | | | | | | Proposed Completion Date: | | | | | |
| | | | | | Name: RENIER | | | Home Ph: | | | | | |
| | | | | | Address: | | | Work Ph: | | | | | |
| | | | | | City: | | State: FL | | Zip: | | Phone: | | |
| | | | | | Other Authorized Person: | | | | | | Phone: | | |
| | | | | | Year/Make: 2008 NISSAN | | | | Model: ALTIMA | | Tag: | Miles In: 0 | |
| | | | | | VIN#: | | | | | | Miles Out: 0 | | |
| | | | | | Save Old Parts: no (Core may apply) | | | | | | | | |
| | | | | | 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 (invoice) | | | | Labor | Time | Charges | | |
| | | | | | LUBE AND FILTER | | | | 20 | 1 | PARTS: \$ 40.00 | | |
| | | | | | | | | | | | LABOR: \$ 20.00 | | |
| | | | | | | | | | | | SUBLET/OTHER: \$ 0.00 | | |
| | | | | | | | | | | | SUPPLIES: \$ 0.00 | | |
| | | | | | | | | | | | FEES: \$ 0.00 | | |
| | | | | | | | | | | | SUB-TOTAL: \$ 60.00 | | |
| | | | | | | | | | | | TAX: \$ 4.20 | | |
| | | | | | **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. | | | | | | | TOTAL: \$ 64.20 | |