

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: 2671

Name: PEREZ

Address:

City:

State: FL

Zip:

Other Authorized Person:

Year/Make: 2007 POCHE

Model: CALLAN

VIN#:

Save Old Parts: no (Core may apply)

month/mile warranty on all parts.

Intended Payment Method:

cash

Date: 7/28/2018 Time: 6:45 pm

Proposed Completion Date:

Home Ph:

Work Ph:

Phone:

Tag: Miles In: 0

Miles Out: 0