

<p>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 \$150. ____ I REQUEST A WRITTEN ESTIMATE. 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. ____ I DO NOT REQUEST A WRITTEN ESTIMATE.</p> <p>SIGNED: _____ DATE: 05/17/2025</p>					<p>GUANE GAS STATION 1201 NW 7 ST, MIAMI, FL, 33125 MVR: 07110 786-253-0646 FLORIDA REGISTRATION: MV-47286 INVOICE: 14095</p>			<p>____ month/mile warranty on all parts. Intended Payment Method: cash Date: 05/17/2025 Time: 11:43 am</p>		
					Name: EULIDE RODRIGEZ			Proposed Completion Date:		
					Address:			Home Ph:		
					City:		State: FL	Zip:	Work Ph:	
Other Authorized Person:					Phone: 7864933418					
Year/Make: 2007 HONDA		Model: CHR V		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 <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										
Description of Repairs					Labor	Time	Charges			
<input checked="" type="checkbox"/> Invoice <input type="checkbox"/> Estimate										
REMPLSCE TENSIONER					120	1	PARTS: \$ 0.00			
							LABOR: \$ 120.00			
							SUBLET/OTHER: \$ 0.00			
							SUPPLIES: \$ 0.00			
							FEES: \$ 0.00			
							SUB-TOTAL: \$ 120.00			
							TAX: \$ 8.40			
					TOTAL: \$ 128.40					