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|---|-------------|-------------------------------|--------------|--------------------|---|--------------------------|---|---|--|
| 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. <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. | | | | | GUANE GAS STATION GENERAL MECHANIC 1201 NW 7 ST, MIAMI, FL, 33125 Phs: 786-253-0646 MVR: 07110 MV-47286 INVOICE: 8150 | | | ____ month/mile warranty on all parts. | |
| | | | | | | | | Intended Payment Method: credit | |
| SIGNED: _____ DATE: 09/28/2022 | | | | | Name: U HEALTH 717 PARKING | | | Date: 09/28/2022 Time: 08:20 am | |
| | | | | | | | | Proposed Completion Date: | |
| | | | | | Address: | | | Home Ph: | |
| | | | | | | | | Work Ph: | |
| City: | | State: FL | | Zip: | | Phone: 3058120704 | | | |
| Other Authorized Person: | | | | | Phone: 3058120704 | | | | |
| Year/Make: 2016 FORD | | Model: TRANSI HD350 #5 | | Tag: HTSS25 | | 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 | CQH1155W | HALOGEN HEADLAMP | 14.61 | | 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 | |
| | | | | | REPLACE HALOG | 10 | 1 | PARTS: | |
| | | | | | | | | \$ 14.61 | |
| | | | | | | | | LABOR: | |
| | | | | | | | | \$ 10.00 | |
| | | | | | | | | SUBLET/OTHER: | |
| | | | | | | | | \$ 0.00 | |
| | | | | | | | | SUPPLIES: | |
| | | | | | | | | \$ 0.00 | |
| | | | | | | | | FEES: | |
| | | | | | | | | \$ 0.00 | |
| | | | | | | | | SUB-TOTAL: | |
| | | | | | | | | \$ 24.61 | |
| | | | | | | | | TAX: | |
| | | | | | | | | \$ 1.72 | |
| 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 \$ 0 will be applied.  | | | | | TOTAL: \$ 26.33 | | | | |
| | | | | | | | | | |
| SIGNED: _____ DATE: 09/28/2022 | | | | | | | | | |