

I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED \$100.

I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED: _____ DATE: 2018/12/19

[illegible]

x: _____ Date: 0

GENERAL MECHANIC
1201 NW 7 ST, MIAMI, FL, 33125
Phs: 786-253-0646

Name: DIOSBANI

Address:

City:

State: FL

Zip:

Other Authorized Person:

Year/Make: 2012 FORD

Model: EXPLORE

VIN#:

Intended Payment Method:

credit

Date: 8/9/2018 Time: 8:29 pm

Proposed Completion Date:

Home Ph:

Work Ph:

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 **\$ 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 BATTER

15

1

PARTS:	
\$ 0	

LABOR:	\$ 0
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SUBLET/OTHER:	\$ 0
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	SUPPLIES:
	\$ 0

FEES:	
\$ 0	

	SUB-TOTAL:
	\$ 105

TAX:	\$ 7
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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 State of Florida. ***FS403.7185 mandates a \$1.50 fee for each new or remanufactured battery sold in the State of Florida.

TOTAL:	\$ 112.35
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