**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.

__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.

SIGNED: _____ DATE: 09/11/2023

# GUANE GAS STATION

GENERAL MECHANIC
1201 NW 7 ST, MIAMI, FL, 33125
Phs: 786-253-0646
**MVR: 07110 MV-47286 INVOICE: 10074**

____ month/mile warranty on all parts.

Intended Payment Method:

cash

**Date:** 09/11/2023 **Time:** 01:52 pm

| | | | |
|---|---|---|---|
| **Name:** SONIAS | | | **Proposed Completion Date:** |
| **Address:** | | | **Home Ph:** |
| **City:** | **State:** FL | **Zip:** | **Work Ph:** |
| **Other Authorized Person:** | | | **Phone:** |
| **Year/Make:** 2016 NISSAN | **Model:** ROGUE | **Tag:** | **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 |
|---|---|---|---|---|
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**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:** |
| REPLACE CABIN FILTER | 5 | 1 | **$ 0.00** |
| | | | **LABOR:** |
| | | | **$ 25.00** |
| | | | **SUBLET/OTHER:** |
| | | | **$ 0.00** |
| | | | **SUPPLIES:** |
| | | | **$ 0.00** |
| | | | **FEES:** |
| | | | **$ 0.00** |
| | | | **SUB-TOTAL:** |
| | | | **$ 25.00** |
| | | | **TAX:** |
| | | | **$ 1.75** |

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.

SIGNED: _____ DATE: 09/11/2023

**This charge represents costs and profits to the motor vehicle repair facility for miscellaneus 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:**
**$ 26.75**