

NAME <i>SouthEast Moving Service</i>	PHONE
ADDRESS	
CITY, STATE, ZIP	
2ND AUTHORIZED NAME	PHONE

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY Y/N
1-		power Steering Nose	14.26	
1-		High Volume Oil pump (Gasket)	28.42	
1-		oil Filter	30.71	
1-		Fuel Filter	16.29	
6-		DRANS Degreaser	26.04	
1-		power Steering Pump Gasket	4.56	
1-		air Compressor Gasket	9.23	
3 ft.		Water Hose for Air Compressor	4.50	
1-		oil line Hose for Air Compressor	61.79	
1-		High Volume oil pump line	75.05	
1-		Fuel Fitting kit for Fuel Lines	22.02	
9 gal.		oil	157.81	
		TOTAL PARTS	456.68	

MECHANICS RECOMMENDATIONS

1-27-15 PD. #456.68 (parts)
Still owe's Labor

Estimated cost \$ _____ Estimate Charge _____ Basis for Charge _____

CUSTOMER'S INFORMATION			
RECEIVED (DATE & TIME)	A.M. / P.M.	CUSTOMER'S ORDER NO.	PROMISED (DATE & TIME)
12/23/14			A.M. / P.M.
YEAR • MAKE • MODEL		SERIAL #/VIN	
International Truck		MOTOR #	
LICENSE NO.	ODOMETER	WRITTEN BY	
<input type="checkbox"/> LUBE	<input type="checkbox"/> OIL CHANGE	<input type="checkbox"/> FLUSH TRANS.	<input type="checkbox"/> FLUSH DIFF.
<input type="checkbox"/> WASH	<input type="checkbox"/> POLISH		

CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL *

Checked for oil leak, found High Volume oil pump gasket leaking, air Compressor gasket leaking, High Volume oil line on pump leaking, changed oil line + water lines to air Compressor. power Steering Nose (leaking) + replaced, 90T Fuel Tanks Fixed to equal out. changed oil + serviced + aired up All Tires

475.00

METHOD OF PAYMENT:	Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.	LABOR ONLY	475.00
<input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> CASH		PARTS	456.68
LABOR		ACCESSORIES	
<input type="checkbox"/> FLAT RATE <input type="checkbox"/> HOURLY <input type="checkbox"/> BOTH	GUARANTEED ITEM(S)	GAS, OIL & GREASE	
<input type="checkbox"/> RETAIN PARTS <input type="checkbox"/> DESTROY PARTS	GUARANTEE EFFECTIVE UNTIL:	MISC. MERCHANDISE	
AUTHORIZED BY _____	TIME _____	SUBLET REPAIRS	
	MILEAGE _____	STORAGE FEE	
		TAX	
		TOTAL	931.68

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

- I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ _____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE.

*Checked lines apply (Preparer must check at least one):

- This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.
- This amount includes a charge of \$ _____, which is required under _____ law.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: _____ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cancel repairs prior to their completion for any reason, a tear-down and reassembly fee of \$ _____ will be applied.

SIGNED _____

DATE _____

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QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY Y/N	CUSTOMER'S INFORMATION					
					RECEIVED (DATE & TIME)	A.M. / P.M.	CUSTOMER'S ORDER NO.	PROMISED		
					6-10-15					
					YEAR • MAKE • MODEL			SERIAL #/VIN		
					<i>Truck International</i>			MOTOR #		
					LICENSE NO.		ODOMETER	WRITTEN BY		
					<i>Manuel (truck)</i>					
					<input type="checkbox"/> LUBE	<input type="checkbox"/> OIL CHANGE	<input type="checkbox"/> FLUSH TRANS.	<input type="checkbox"/> FLUSH DIFF.	<input type="checkbox"/> WASH	<input type="checkbox"/> POLISH
					CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL *					
					<i>Short in Marker lights, Rewired the Back & some in front, some bad wires under hood. (Including wiring)</i>				<i>350.00</i>	
					TOTAL PARTS					
MECHANICS RECOMMENDATIONS					METHOD OF PAYMENT:		LABOR ONLY			
<i>The way it looked was from the where they put roof on. Seems to be most of wiring problems or light problems</i>					<input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> CASH		PARTS		<i>350.00</i>	
					LABOR		ACCESSORIES			
Estimated cost \$ _____ Estimate Charge _____ Basis for Charge _____					<input type="checkbox"/> FLAT RATE <input type="checkbox"/> HOURLY <input type="checkbox"/> BOTH		GAS, OIL & GREASE			
					<input type="checkbox"/> RETAIN PARTS <input type="checkbox"/> DESTROY PARTS		MISC. MERCHANDISE			
					AUTHORIZED BY _____		SUBLET REPAIRS			
					DAILY STORAGE fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.		STORAGE FEE			
					GUARANTEED ITEM(S) _____		TAX			
					GUARANTEE EFFECTIVE UNTIL: _____		TOTAL ▶		<i>350.00</i>	
					TIME _____					
					MILEAGE _____					

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SIGNED _____
 DATE _____

Total ~~3~~ Tickets

~~\$725.83~~

