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YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

001001

ESTIMATE

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NAME		PHONE	DATE	TIME
ADDRESS			PREPARED BY	
YEAR	MAKE	MODEL	TAG NO	ODOMETER
SERIAL NO		INSURANCE CO.	ADJUSTER	

REPLACE	REPAIR	DESCRIPTION	PARTS	LABOR	REFINISH	SUBLET

PROPOSED WORK COMPLETION DATE	ESTIMATE CHARGE	$
CUSTOMER INTENDED METHOD OF PAYMENT	TOTAL PARTS	$
DESCRIPTION OF CUSTOMER'S PROBLEM OR REQUEST FOR REPAIR WORK OR SERVICE	TOTAL LABOR	$
	TOTAL REFINISH	$
	TOTAL SUBLET	$
The above is an estimate based on our inspection and does not cover any additional parts or labor which may be required after the work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above prices are not guaranteed. Quotations on parts and labor are current and subject to change.	TOWING	$
	EPA / WASTE DISPOSAL	$
AUTHORIZATION FOR REPAIR. You are hereby authorized to make the above repairs and to charge DAILY STORAGE in the amount of $ beginning with the 4th day after your notification that the repair work has been completed.	SUB TOTAL	$
	SALES TAX	$
Signature: Date:	TOTAL	$

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