PROFORMA INVOICE

[Body Shop Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Date: _____
Estimate #: _____
Expiry: _____

Customer Details

[Name / Company]
[Address]
[Phone Number]

Vehicle Information

VIN: _____
Make/Model: _____
Year/Color: _____

Part Number	Description / Body Component	Qty	Unit Price	Total

Subtotal: $0.00
Tax (%): $0.00

Shipping/Freight: $0.00
Total Amount Due: $0.00

Terms & Conditions:
1. This is a proforma invoice, not a tax invoice.
2. Parts will be ordered only upon receipt of payment/deposit.
3. Special order body parts are non-returnable.