

HVAC SERVICE ESTIMATE

Business Name
123 Comfort Lane
City, State, ZIP
Phone: (555) 000-0000
License: #00000000

Estimate #: _____

Date: _____

Valid Until: _____

CUSTOMER INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

EQUIPMENT DETAILS

Unit Type: _____

Model #: _____

Serial #: _____

Location: _____

Description of Service / Parts	Qty	Unit Price	Total

Description of Service / Parts	Qty	Unit Price	Total
Labor / Service Call Fee			

Subtotal: \$ _____

Tax: \$ _____

Total Estimate: \$ _____

NOTES / SCOPE OF WORK

** This is an estimate only, not a final invoice. Any unforeseen repairs will require additional authorization.*

Customer Signature: _____

Date: _____