

# AUTO BODY SHOP NAME

123 Workshop Ave.  
City, State, Zip  
Phone: (555) 000-0000

## ESTIMATE / INVOICE

Date: \_\_\_\_\_  
Estimate #: \_\_\_\_\_

### CUSTOMER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### VEHICLE INFORMATION

Year/Make/Model: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Mileage: \_\_\_\_\_ License: \_\_\_\_\_

Description of Parts / Labor	Qty/Hrs	Rate	Amount

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Labor Total: \$ \_\_\_\_\_

Parts Total: \$ \_\_\_\_\_

Paint & Materials: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**TOTAL: \$** \_\_\_\_\_

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**Authorization:** I hereby authorize the repair work to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control.

X \_\_\_\_\_ Date: \_\_\_\_\_