

AUTO PAINTING ESTIMATE

Shop Name / Address / Phone _____

Estimate #: _____

Date: _____

CUSTOMER INFORMATION

Name: _____

Phone: _____

Email: _____

VEHICLE DESCRIPTION

Year/Make/Model: _____

VIN: _____

Color Code: _____

SERVICE DETAILS (PAINTING & PREP)

Description of Work / Panels	Labor Hours	Materials	Subtotal

ADDITIONAL PARTS / SUPPLIES

Part Description	Quantity	Price

Labor Total: \$ _____

Paint & Materials: \$ _____

Tax: \$ _____

Grand Total: \$ _____

NOTES / WARRANTY TERMS:

CUSTOMER SIGNATURE

AUTHORIZED SHOP REPRESENTATIVE