

# ESTIMATE

## SHOP NAME

123 Garage Way

City, ST 12345

Phone: (555) 000-0000

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

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

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## CUSTOMER INFO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## VEHICLE INFO

Year/Make/Model: \_\_\_\_\_

VIN: \_\_\_\_\_

Mileage: \_\_\_\_\_

Description of Parts / Labor	Qty/Hrs	Rate	Total

Description of Parts / Labor	Qty/Hrs	Rate	Total

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

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

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

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

**Notes / Recommendations:**

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I hereby authorize the above repair work to be done along with the necessary material. You and your employees may operate above vehicle for purposes of testing, inspection or delivery.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_