

DIAGNOSTIC ESTIMATE

[Shop Name]
[Address Line 1]
[Phone Number]

Date: _____
Estimate #: _____

CUSTOMER INFORMATION

Name: _____
Phone: _____
Email: _____

VEHICLE INFORMATION

Year/Make/Model: _____
VIN: _____
Mileage: _____

CUSTOMER CONCERN / SYMPTOMS

DIAGNOSTIC & REPAIR SERVICES

Description of Service / Part	Qty/Hrs	Rate	Amount
Diagnostic Labor (Computer Scan & Visual Inspection)			

Subtotal:\$ _____
Tax:\$ _____
Shop Supplies/Fees:\$ _____

Total Estimate:\$ _____

Authorization: I hereby authorize the repair work herein set forth 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.

Signature: _____ Date: _____

This estimate is valid for [30] days.