

# BRAKE SYSTEM ESTIMATE

Invoice #:

Service Provider:

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## CUSTOMER INFORMATION

Name:

Phone:

Email:

## VEHICLE INFORMATION

Year/Make/Model:

VIN:

Mileage:

Description of Parts / Labor	Qty/Hrs	Unit Price	Total
Brake Pads / Shoes (Front/Rear)			
Rotors / Drums			
Brake Fluid Flush / Replacement			
Caliper Service / Replacement			
Labor Charges			
Miscellaneous (Hardware, Cleaners)			

Subtotal:

Tax:

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**Estimate Total:**

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**Notes & Conditions:**

1. This estimate is valid for days.
2. Final price may vary upon full tear-down and inspection.
3. All parts removed will be discarded unless otherwise requested.

Customer Signature:

Date: