

COLLISION REPAIR ESTIMATE

Shop Name / Address / Phone

Estimate #:

Date:

CUSTOMER INFORMATION

Name:

Address:

Phone:

Insurance Co:

VEHICLE INFORMATION

Year/Make/Model:

VIN:

Mileage:

License Plate:

Description of Parts & Labor	Type	Labor Hours	Parts Cost	Total

NOTES / REMARKS

Total Labor:

Total Parts:

Paint & Materials:

Tax:

GRAND TOTAL:

Customer Signature

Estimator Signature