

# SERVICE ESTIMATE

## Mobile Mechanic:

Phone:

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

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

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### CUSTOMER INFORMATION

Name:

Address:

Phone:

### VEHICLE INFORMATION

Year/Make/Model:

VIN:

Mileage:

**Description of Service / Parts**

**Qty/Hrs**

**Rate**

**Amount**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Service Call Fee: \$ \_\_\_\_\_

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

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**ESTIMATED TOTAL: \$ \_\_\_\_\_**

## NOTES & TERMS

1. This estimate is valid for 30 days.
2. Final price may vary based on additional hidden damage or seized components found during repair.
3. Customer authorization is required before any additional work is performed.

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