

SUSPENSION SERVICE ESTIMATE

Shop Name: _____

Phone: _____

Estimate #: _____

Date: _____

CUSTOMER INFORMATION

Name: _____

Phone: _____

Email: _____

VEHICLE INFORMATION

Year/Make/Model: _____

VIN: _____

Mileage: _____

Description of Parts / Labor	Qty/Hrs	Unit Price	Total
(e.g., Shocks/Struts Replacement)	_____	\$_____	\$_____
(e.g., Control Arm Bushings)	_____	\$_____	\$_____
(e.g., Wheel Alignment)	_____	\$_____	\$_____

Labor Total: \$ _____

Parts Total: \$ _____

Tax: \$ _____

ESTIMATED TOTAL: \$ _____

Notes/Warranty: _____

This is an estimate only. Actual costs may vary upon teardown and inspection. Valid for 30 days.

Customer Signature: _____ Date: _____