

# TIRE SHOP NAME

123 Service Road, City, State, ZIP  
Phone: (555) 000-0000

## ESTIMATE

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

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### Customer:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Vehicle Information:

Year/Make/Model: \_\_\_\_\_  
VIN/Mileage: \_\_\_\_\_

Description (Tires/Service)	Qty	Unit Price	Total

Subtotal: \$ \_\_\_\_\_  
Shop Supplies: \$ \_\_\_\_\_  
Tax: \$ \_\_\_\_\_

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**Total: \$** \_\_\_\_\_

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**Note:** This is an estimate only. Final price may vary based on additional parts or labor required upon inspection.

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