

ESTIMATE

Service Provider Name

123 Garage Way
City, State, Zip
Phone: (555) 000-0000

CUSTOMER:

Name: _____

Phone: _____

Email: _____

VEHICLE INFO:

Year/Make/Model: _____

VIN: _____

Mileage: _____

Description of Service / Parts	Qty/Hrs	Rate	Total

Description of Service / Parts

Qty/Hrs

Rate

Total

Labor: \$ _____

Parts: \$ _____

Tax: \$ _____

Total: \$ _____

Notes/Terms: This estimate is valid for 30 days. Final costs may vary upon teardown and inspection.

Customer Signature: _____ Date: _____