PROFORMA INVOICE

[Auto Repair Shop Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Date: _____
Invoice #: _____
Estimate Valid Until: _____

CUSTOMER INFORMATION

[Name / Company]
[Address]
[Phone]
[Email]

VEHICLE INFORMATION

Year/Make/Model: _____
VIN: _____
Mileage: _____
License Plate: _____

Description of Service / Part	Qty/Hrs	Rate	Total

Description of Service / Part	Qty/Hrs	Rate	Total

Subtotal: $0.00
Tax: $0.00

Total: $0.00

NOTES & TERMS

1. This is a proforma invoice based on the initial inspection.

2. Final costs may vary if additional hidden damage is discovered during repair.

3. Parts availability may affect the estimated completion date.

4. Payment is due upon completion of services.