PROFORMA INVOICE

[Shop Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Date: _____

Invoice #: _____

Valid Until: _____

CUSTOMER:

[Name]
[Address]
[Phone]

WORK ORDER DETAILS:

Mechanic: _____
Estimated Completion: _____

Make: _____
Model: _____
Color: _____
Frame #: _____
Type: _____
Wheel Size: _____

Description of Parts / Service	Qty	Unit Price	Total

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Subtotal: $0.00
Labor: $0.00
Tax: $0.00

ESTIMATED TOTAL: $0.00

Notes: This is a proforma invoice based on the initial inspection. Final costs may vary if additional parts or labor are required upon disassembly. No work will proceed beyond this estimate without customer approval.

Signature: _____ Date: _____