[BUSINESS NAME]

Camera Repair Specialist
[Street Address]
[City, State, Zip]
[Email / Phone]

PROFORMA INVOICE

No: [Invoice #]
Date: [Date]

BILL TO

[Customer Name]
[Customer Address]
[Customer Phone]

EQUIPMENT DETAILS

Make/Model: [Model]
Serial No: [Serial Number]
Issue: [Brief Problem Description]

Description of Service / Parts	Qty	Unit Price	Amount
Labor: [E.g., Sensor Cleaning / Shutter Replacement]	1	0.00	0.00
Part: [E.g., Replacement Flex Cable]	1	0.00	0.00
[Additional Item]	1	0.00	0.00

Subtotal: 0.00
Tax ([0]%): 0.00
Shipping/Insurance: 0.00
TOTAL DUE: [Currency] 0.00

TERMS & NOTES

1. This is a proforma invoice based on initial inspection; final costs may vary upon full disassembly.
2. Estimated turnaround time: [Number] business days from payment receipt.
3. All repairs include a [90-day] limited warranty on parts and labor specified above.