PROFORMA INVOICE

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

Date: _____
Invoice #: _____
Ticket #: _____

CUSTOMER INFORMATION

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

PAYMENT TERMS

Due Date: [Date]
Method: [Credit Card / Cash / Wire]
Status: PENDING ESTIMATE

DEVICE DETAILS

Model: _____ **Serial/IMEI:** _____
Issue Reported: _____

Description (Parts & Labor)	Qty	Unit Price	Amount
[Part Name/Model Number]			
[Labor / Service Fee]			

Description (Parts & Labor)	Qty	Unit Price	Amount

Subtotal: $0.00
Tax (%): $0.00

Total Estimate: $0.00

Notes:
1. This is a proforma invoice based on the initial diagnostic estimate.
2. Actual costs may vary depending on hidden damage found during repair.
3. Hardware parts are subject to [X]-day limited warranty.

Authorized Signature: _____