PROFORMA INVOICE

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

Date: _____
Estimate #: _____
Valid Until: _____

CUSTOMER INFO:

[Name]
[Address]
[Phone]

EQUIPMENT DETAILS:

Tool Type: _____
Brand/Model: _____
Serial No: _____

Description of Parts / Labor	Qty	Unit Price	Total
[Diagnostic Fee / Labor Rate]			
[Replacement Part Name]			
[Replacement Part Name]			

Description of Parts / Labor	Qty	Unit Price	Total
[Additional Labor/Sharpening]			

Subtotal: $_____
Tax: $_____

ESTIMATED TOTAL: $_____

Notes: This is a preliminary estimate for repair services. Final price may vary upon disassembly if further damage is found. Parts availability may affect completion date.

Payment Terms: [e.g., 50% deposit required / Balance due on collection]