**AUTO REPAIR ESTIMATE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name** | | | **YOUR LOGO** | | | | | | | | | |
| 123 Company Address Drive | | |
| Fourth Floor, Suite 412 | | |
| Company City, NY 11101 | | |
| 321-654-9870 | | |
|  | |  | | |  | |  | |  | |  | |
|  | | | | | | | | | | | | |
| **CLIENT NAME** |  | | | | | **ESTIMATE NUMBER** | |  | | | |
| **CLIENT PHONE** |  | | | | | **PREPARED BY** | |  | | | |
| **CLIENT ADDRESS** |  | | | | | | | | | | |
| **EST DATE & TIME** |  | | | **DATE PROMISED** | |  | | **DATE DELIVERED** | |  | |
| **V I N** |  | | | | | | | | | | |
| **ODOMETER READING** |  | | | | | **MAKE & MODEL** | |  | | | |
| **LICENSE # & STATE** |  | | | | | **Motor #** | |  | | | |
| LUBRICATE |  | | | CHANGE OIL | |  | | TRANS | |  | |
| BATTERY |  | | | FLAT REPAIR | |  | | WASH | |  | |
| DIFF |  | | | WIPERS | |  | | POLISH | |  | |
|  |  | | |  | |  | |  | |  | |
| **LABOR DESCRIPTION** | | | | | | | | | | **AMOUNT** | |
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|  | | | | | | | | **LABOR TOTAL** | |  | |
|  |  | | |  | |  | |  | |  | |
| **PART NUMBER** | **PART NAME** | | | | | **QUANTITY** | | **PRICE PER UNIT** | | **AMOUNT** | |
|  |  | | | | |  | |  | |  | |
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|  | | | | | | | | **PARTS TOTAL** | |  | |

The details and the estimate provided above are based upon initial inspection and do not constitute a guarantee that no further work / parts will be required. The total bill of work will be as per the details available on completion of the work. Other terms and conditions as applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INSURANCE COMPANY** |  |  | **SUBTOTAL** |  |
| **ADJUSTER** |  | *enter tax rate* | **TAX RATE %** | 0.000% |
| You are hereby authorized to make the above repairs and I agree to pay in full. | | | **TOTAL TAX** |  |
| **AUTHORIZING  PARTY SIGNATURE** |  | *enter other cost* | **OTHER** |  |
| **AUTHORIZATION  DATE** |  |  | **TOTAL** |  |