|  |  |
| --- | --- |
| **Company Name** | **YOUR LOGO** |
| 123 Company Address Drive |
| Fourth Floor, Suite 412 |
| Company City, NY 11101 |
| 321-654-9870 |
|  |  |  |  |  |  |
| **VEHICLE REPAIR ESTIMATE** |
| **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** |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|  | **LABOR TOTAL** |  |
|  |  |  |  |  |  |
| **PART NUMBER** | **PART NAME** | **QUANTITY** | **PRICE PER UNIT** | **AMOUNT** |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|  | **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** |  |