

AUTO 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	
ADJUSTOR	
AUTHORIZING PARTY SIGNATURE	
AUTHORIZATION DATE	

enter tax rate

enter other cost

SUBTOTAL	
TAX RATE %	
TOTAL TAX	
OTHER	
TOTAL	

You are hereby authorized to make the above repairs and I agree to pay in full.

DISCLAIMER

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