Shop name, address and phone

ESTIMATE

Number _____

Date _____

Valid until _____

CUSTOMER

Name _____

Phone _____

Email _____

Address _____

Insurance co. _____

Claim no. _____

VEHICLE

Year _____

Make and model _____

VIN _____

License plate _____

Color _____

Mileage _____

TYPE	DESCRIPTION	PARTS	LABOR	R&I	REFINISH	SUBLET	AMOUNT

TERMS

- This estimate is valid until the date shown above.
- No work starts until you authorize it. If we find more damage or a price changes, we'll contact you, and nothing beyond this estimate is done or charged without your approval first.
- Estimate or teardown fee, stated upfront: $_____ (or none).
- Storage: $_____ a day, starting ____ days after we tell you your vehicle is ready.
- Replaced parts are yours on request, unless they must go back to a supplier, for a core exchange or to your insurance company.
- Warranty: _____

Subtotal _____

Discount _____

Taxable amount _____

Sales tax (_____%) _____

Total _____

CUSTOMER AUTHORIZATION

I have read this estimate and its terms, and I authorize the work at the prices shown.

Name _____ Signature _____ Date _____