AUTO REPAIR ESTIMATE

Date_____

Name _____ Address _____ City _____ Phone _____

Make _____ Year _____ Serial No. _____ Body Style _____ Style No. _____

Mileage _____ License No. _____ Paint No. _____ Trim No. _____ Insurance Co. _____

Repair	Replace	ESTIMATE OF REPAIR COSTS	LABOR HRS.		PARTS		SUBLET	
		TOTAL						

REMARKS:

_____

_____

$ _____ INSURANCE DEDUCTIBLE

BY: _____

This estimate is based on our inspection and does not cover additional parts or labor which may be required after the work has been started. After the work has started, worn or damaged parts which are not evident on first inspection may be discovered. Naturally this estimate cannot cover such contingencies. Parts prices subject to change without notice. This estimate is for immediate acceptance.

THIS WORK AUTHORIZED BY: _____

_____HRS OF LABOR AT $_____PER HR	$	
PARTS	$	
PAINT MATERIALS	$	
SUBLET	$	
SALES TAX	$	
ESTIMATE TOTAL	$	
ADVANCE CHARGES	$	
GRAND TOTAL	$	