## **Body Shop Estimate**

THIS WORK AUTHORIZED BY:

Your City: Phone: Fax: Date\_\_ Name Address \_ City \_ Body Style \_\_ Style No. \_ Make Year Serial No. Mileage License No. Paint No. Trim No. Insurance Co. Repair Replace REMARKS: HRS OF LABOR AT \$\_\_\_\_ PER HR \$ PARTS \$ \_ INSURANCE DEDUCTIBLE PAINT MATERIALS \$ \_\_ SUBLET \$ \_\_ 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 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. SALES TAX \$ \_ ESTIMATE TOTAL \$ \_

ADVANCE CHARGES \$ \_\_\_\_

GRAND TOTAL \$ \_\_