# AUTO REPAIR ESTIMATE

## REPAIR SHOP

Business name _____

Address _____

Phone / email _____

Shop registration no. _____

## ESTIMATE DETAILS

Estimate no. _____

Date _____

Valid until _____

Service advisor _____

## CUSTOMER

Customer name _____ Phone / email _____

## VEHICLE

Year / make / model _____

VIN _____ License plate _____

Odometer _____

## CONCERN AND FINDINGS

Customer concern _____

Inspection findings _____

## REPLACED PARTS

Return replaced parts to customer (yes / no) _____

## PARTS

| Description | Part type | Qty / hours | Unit price / rate | Amount |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Parts subtotal**

## LABOR

| Description | Part type | Qty / hours | Unit price / rate | Amount |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Labor subtotal**

Subtotal

Hazardous waste disposal fee

Sales tax, if applicable (_____%)

**Estimated total**

## BEFORE WE START

## NOT INCLUDED

Repair authorized by (customer signature)

Print name

Date

*This estimate is based on the inspection described above. Prices are valid until the date shown.*