



YOUR COMPANY

123 Any Street
Any City, State, Zip Code
XXX-XXX-XXXX
LIC or BAR # or TAG LINE

ESTIMATE AND REPAIR ORDER

	SA	ILL PRINT ME COLOR AS TEXT	XXX-XX LIC or BAR	XX-XXXX # or TAG LI	NE SHEET	NOOF_		SHEETS			001	001		
Car Owner		CITY			ness Phone	Date								
				Home Phone					Est. NoRepair					
			Phone					Order No. Custor				mer Initial		
I.D.			Adjuster MODEL LICENSE NO.			ODOMETER		Parts						
YEAR	MAKE	,	MODEL	L	ICENSE NO.	ODOMETER	_	Destroy Parts]_[
Repair	Replace		DESCRIP	TION OF LAB	OR OR MATERIAL		LABOR HRS.	PARTS	S	*	MISC.	SUBLET & PA		
										Ш				
							HRS. O	F LABOR@	@ \$		PER HR.	\$		
The above estimate is based on our inspection and does not cover additional parts or labor					PARTS PARTS									
The above estimate is based on our inspection and does not cover additional parts or labor which may be required after the work has started. Worn or damaged parts, not evident on first inspection, may be discovered and you will be contacted for authorization for additional					ESTIMATE AMOUNT \$ PAINT PAINT MATERIALS									
work. Parts prices subject to change without notice. This estimate is good fordays.					BODY									
\$ Insurance Deductible Estimator						Customer's O.K. By Time Date Called By Whom					UBLET			
express the amo	mechanic	's lien is hereby pairs thereto.	acknowledged on	above car, truc	k, or vehicle to secure	Dale Ci	иней ву	7110111		45	TAX			
THIS WC	ORK AUTHO	ORIZED BY		DAT	-E	Deposit \$					ARGES			
WORK ACCEPTED BY:						Chgs. if not Re		_	TC	OTAL				

Thank You