

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
VEHICLE (YEAR MAKE MODEL, VIN)	MILEAGE IN / OUT	INSURER / CLAIM # / ADJUSTER
DEDUCTIBLE		

DESCRIPTION	QTY × RATE	AMOUNT
Body labor: operations (hours × body rate)		
Refinish labor: panels (hours × paint rate)		
Paint and materials (hours × materials rate)		
Parts: description, type (OEM / A/M / used), part #		
Sublet: alignment, glass, ADAS calibration, towing		
Supplement # / insurance payment / deductible		

NOTES & PAYMENT TERMS
This estimate is valid for 30 days. Final invoice may vary if the scope changes; any change will be approved in writing before work continues. Deposit of 30% due on acceptance.

Subtotal

Tax

ESTIMATED TOTAL _____