

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
SERVICE ADDRESS	EQUIPMENT (BRAND / MODEL / SERIAL)	LICENSE / EPA 608 #
_____	_____	_____

DESCRIPTION	QTY × RATE	AMOUNT
Diagnostic / service call		
Diagnostic credit (repair approved)		
Part # — description		
Refrigerant — type (lb × \$/lb)		
Labor — task (hours × rate)		
Maintenance plan / tune-up		

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 _____