AUTO REPAIR ESTIMATE TEMPLATE

US Letter - 8.5 x 11 Inch - Google Docs (Word Document)

Your company name
123 Main Street
Your Town, State And Zip
(123) 456-7890 & E-Mail Address

AUTO REPAIR ESTIMATE FORM
Insurance Co.
Adjuster:
Adjuster Contact:
Prepared by:

CLIENT AND VEHICLE DETAILS	
Name:	**Make and Model:**
Address:	**Year:** **Color:** **Mileage:**
City, ST, ZIP	**License Plate:**
Phone: (123) 456-7890	**VIN. #**
Claim No.#	**Serial No.**

Replace	Repair	Description	Parts	Labor	Refinish	Sublet
		TOTAL COST				

Terms and Conditions:

Customer Confirmation: I have inspected the vehicle and confirm that the work described has been completed to my satisfaction.

Customer's Signature: _____ **Date:** _____

LABOR TOTAL	
PARTS TOTAL	
SUB TOTAL	
TAX (%)	
TOTAL	

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