Shop name, address, phone

Shop registration / license # (if your state requires it)

ESTIMATE

Written repair estimate

Estimate # _____
Date _____
Valid until _____
Prepared by _____

CUSTOMER

Name	
Phone	Email
Address	

VEHICLE

Year	Make	Model	Engine
VIN		License plate	Mileage

CUSTOMER CONCERN (IN THE CUSTOMER'S WORDS)

RECOMMENDED REPAIRS

Priority	Description	Parts	Labor	Total	OK?

Priority: 1 = safety, do now · 2 = needs attention soon · 3 = can wait. Customer initials each line in the OK? column to approve or decline it.

AUTHORIZATION

☐ I approve the lines initialed above ☐ Diagnosis only: up to $_____

☐ I do not want a written estimate (where your state allows it)

The shop will contact me for approval before doing additional work or before the final bill goes over this estimate by more than $_____ or _____% (check your state's limit).

☐ Return my replaced parts ☐ Shop may dispose of replaced parts

HOW TO REACH ME FOR APPROVAL

☐ Call ☐ Text ☐ Email

Parts	
Labor	
Shop supplies	
Fees	
Subtotal	
Sales tax	
Estimated total	

Customer signature _____ Date _____ Shop representative _____

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