Estimate of Auto Repairs

Page ☐☐☐☐ of ☐☐☐☐				Ref. n: Ref. number		
Company Name and Address: Your text here						
Name			**Phone**	MM | DD | YYYY		
Street			**City**			
☐☐☐☐	**Color**	**Make**	**Model**			
Registration # **Registration #**		**Serial #**	**Odometer**	Estimated by **Estimated by**		
Insurance Co: **Insurance Co**				Adjuster **Adjuster**		
Replace	**Repair**	**Description**	**Parts**	**Labor**	**Refinish**	**Sublet**
		Total				

The provided details of the works and the cost estimates are based on the primary inspection. These do not constitute a guarantee that no further work and the purchase of additional parts will be required. The total bill will be as per the details available upon the completion of the work. Other terms and conditions as applicable.	**Total parts:**	
	Total Labor	
	Total Refinish	
	Total Sublet	
You are hereby authorized to make the repairs above, which I agree to pay for in full. **Signature:** _____ **Date:** MM | DD | YYYY	**Other Charges**	
	Tax	
	Total	