

Body Shop Estimate Form



Address: _____

Phone: _____

Email: _____

Customer Information

Customer Name: _____

Phone Number: _____

Email: _____

Address: _____

Vehicle Information

Year: _____

Make: _____

Model: _____

VIN: _____

License Plate #: _____

Mileage: _____

Damage / Repair Details

Line #	Description of Part	Qty	Labor Hours	Rate	Parts Cost	Labor Cost	Total
Subtotals							
Tax (%):							
Grand Total:							

Additional Notes

I hereby authorize the repair work outlined above to be completed.
I understand this is an estimate only and actual costs may vary.

Customer Signature:

Date:

Estimator Name:

Date: