|  |  |  |
| --- | --- | --- |
|  | Auto Repair Quote | **(Company Name)** |
|  | (Quote number) | (Issue Date) | (Due Date) |
|  |
|  | **Customer Information:** |  | **Contractor Details:** |
|  | (Name) | (Name) |
|  | (Complete Address) | (Complete Address) |
|  | (City, State, ZIP Code) | (City, State, ZIP Code) |
|  | (Contact Number) | (Contact Number) |
|  |
|  |
|  | **Description/ Items** | **Parts** | **Labor** | **Total** |
| Brake Repair | 100 | 10 | $0.00 |
| Steering Case | 100 | 10 | $0.00 |
| Filter Repair | 100 | 10 | $0.00 |
| Oil Change | 100 | 10 | $0.00 |
| Tuning | 100 | 10 | $0.00 |
|  |  |  |  |  |
|  | Subtotal | $0.00 |
|  | Tax (0%) | $0.00 |
|  | Others | $0.00 |
|  | **Grand total** | **$0.00** |
|  |
|  | **Terms & Conditions:** |  |
|  | * After accepting this quote customer will pay the bill.
* Complete payment within 20 days.
* Please Email or fax the signed quote to the mentioned email address.
 |
|  |
|  |
| Authorized Signature: | (Sign here) |
|  |
| **THANK YOU!** |