|  |  |
| --- | --- |
| 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!** |