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