[Your Shop Name]

[Address, city, state, ZIP]
Phone: _____ Email: _____

REPAIR ESTIMATE

Not a bill. Work starts after you approve.
Estimate no.: _____
Date: _____
Valid until: _____

CUSTOMER

Name: _____
Phone: _____
Email: _____

DEVICE

Type / make / model: _____
Serial no. / IMEI: _____
Accessories received: _____
Data backed up by customer: [ ] Yes [ ] No

Reported fault (what the customer says)

_____

Diagnosis (what we found)

_____

Part / description	Part no.	Qty	Unit price	Amount

Labor / service	Hours or flat	Rate	Amount

Estimated turnaround after approval: _____ Parts expected: _____

Diagnostic fee policy: _____

Warranty: parts ____ days | labor ____ days | does not cover liquid or physical damage (edit to suit your shop).

Parts subtotal: _____
Labor subtotal: _____
Diagnostic fee: _____ [ ] waived if you approve
Sales tax (____ %): _____
ESTIMATED TOTAL: _____
Deposit requested: _____

This is an estimate, not a final bill. If we find further faults while repairing, we will stop and contact you with a revised estimate. We will not do extra work or charge more than this estimate without your approval.

CUSTOMER APPROVAL

[ ] I APPROVE the repair and the estimated total above.
[ ] I approve only these lines: _____
[ ] I DECLINE the repair. I will pay the diagnostic fee (if any) and collect my device.

Customer signature	Printed name	Date