



Crown

GRAPHICS

ESTIMATE



Form:1234092925

Estimate#:

Vehicle Information:

Name: _____
 Company: _____
 Address: _____
 City: _____ State: CA Zip: _____
 Phone: _____ Cell #: _____
 E-mail: _____

Mfd Date: _____	Received Date: _____
Make: _____	Completed Date: _____
Model: _____	Pick-Up Date: _____
Vin#: _____	Unit#: _____
Approved Proof#: _____	Approved Date: _____
Completion Inspected By: _____	Inspected Date: _____

		Date: _____
		Approval Date: _____
		Work Order: _____
		Crown Rep: _____
		Scheduled: _____
		Needed By: _____

Summary of Work to be Done:

[illegible]**Office Information:**

Pick-Up Date: _____ **Or Shipping Date:** _____
Pick-up Name: _____ **Shipping type:** _____
Tracking#: _____
Credit Card Name: _____ **Expires:** _____ **ZipCode:** _____
Credit Card #: _____ **Sec Code:** _____ (3.5% Charge on CC Payment)

		Size/Location Proof:	
Field Service Location:		Field Charge:	
		Materials:	
shipping Location:		Labor:	
	Tax Rate:	Sales Tax:	
		Shipping & Handling:	
		Total:	

Customer Signature: _____ **Date:** _____

****Estimate Good for 30 Days****