Phone: 210-637-1139 / Toll Free: 866-637-1139
Fax: 210-637-5274
Office: 11008 Iota Dr., San Antonio TX 78217

DENTS & DINGS
Paintless Dent Removal

☐ Invoice#_____

☐ Estimate

Location_____

Name:_____ Referred by:_____ Date:____/____/_____

Phone # Work:(_____)_____ Home:(_____)_____ Mobile:(_____)_____

Address:_____ City:_____ State:_____ ZipCode:_____

Year:_____ Make:_____ Model:_____ Color:_____

Mileage:_____ Insurance Co:_____ $(_____)Claim#:_____

VIN | | | | | | | | | | | | | | | | | **LICENSE** | | | | | | | | |

 # Dents, D=Dime N=Nickle Q=Quarter H=Half Dollar, Additional Charges.

		Price	Removal / Installation of:	
Hood			Hood / Hood liner	_____.____
Front Cowl			Wipers / Trim	_____.____
Lt/Drivers Front Fender			Lens / Headlight / Well	_____.____
Lt/Drivers Front Door			Door panel / Belt molding	_____.____
Lt/Drivers Rear Door			Door panel / Belt molding	_____.____
Lt/Drivers Roof Rail			Roof rail molding	_____.____
Lt/Drivers Cab(Trucks)			Interior panel	_____.____
Lt/Drivers 1/4 / Bedside			Lens / Int. panel / Cap	_____.____
Roof			Head liner / Luggage rack	_____.____
Sun Roof			Sun roof / Panel	_____.____
Trunk / Tailgate(Top / Left)			Trunk / Liner	_____.____
Tailgate (Bottom or Right)			Trunk / Liner	_____.____
Rt/Passenger 1/4 / Bedside			Lens / Int. Panel / Cap	_____.____
Rt/Passenger Cab (Trucks)			Interior panel	_____.____
Rt/Passenger Roof Rail			Roof rail molding	_____.____
Rt/Passenger Rear Door			Door panel / Belt molding	_____.____
Rt/Passenger Front Door			Door panel / Belt molding	_____.____
Rt/Passenger Front Fender			Lens / Headlight / Well	_____.____
Other_____			Other_____	_____.____
Other_____			Other_____	_____.____
Corrosion Protection			Other_____	_____.____

	$_____	_____.____
	$_____	_____.____
	$_____	_____.____
	$_____	_____.____
	$_____	_____.____
	$_____	_____.____
Parts Replaced by Dents & Dings:	**Total**	

Repair scheduled on:
Date:____/____/_____
Time_____ AM PM
Due for pickup
Date:____/____/_____
Time:_____ AM PM

☐ **Needs Supplement**

☐ **Door Dings**

☐ **Hail Damage**

Days to repair:_____

Estimate Good for 30 Days or _____

Hourly Rate $_____

	RETAIL	DISCOUNT	TOTALS
Dent Repair			
R&I Charge			
Parts / Other			
		Tax%:_____	
		TOTAL AMOUNT	

Notes:_____

_____

_____

_____

_____

**** Parts are not included in this price unless listed as a charge!***

Estimator:_____ **Customer:**_____