



Drop-Off Service Form

1. WRITE YOUR ORDER ON THIS FORM
2. LEAVE YOUR VEHICLE ON OUR LOT - LOCKED
3. PLACE FORM AND KEYS IN NIGHT DROP

Customer Name _____

Address _____

City _____ **Zip** _____

Home Phone _____ **Business Phone** _____

Email Address _____

Drop-Off-Date _____

YEAR _____

MAKE _____

MODEL _____

COLOR _____

Change Oil and Filter

Tire Rotation

Transmission Service

Brake Inspection

Inspect Tires

Pre-Trip Inspection

Check Engine Light On

Engine Running Poorly

Low Fuel Mileage

Vibration or Noise

_____ Mile Service

Replace Wipers



Other Services Needed/Description of Problem

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and your employees' permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. I understand any cost quoted previously is an estimate only. Should the customer fail to authorize completion of repairs or services at the time approval is requested a charge may be imposed for partial work completed, or reassembly. An expressed mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of diagnostic or repairs. We accept cash, credit cards and debit cards. Payment is expected on completion of repairs.

Signature: _____ Date: _____