

DROP-OFF FORM

Today's Date:		_ Time of drop-off:		A.M. / P.M.	
Please try to have vehic	ele done by date:	Time	::	A.M / P.M.	
Customer Name:					
ADDRESS:					
CITY:		ZIP:			
CELL NUMBER:		ALT PHONE:			
EMAIL ADDRESS:					
VEAR.					
YEAR:					
MODEL:					
COLOR:					
LICENSE PLATE:					
 □ Oil & Filter Change □ Oil Leaks □ Flush Cooling System □ Vibration or Noise □ Smog Inspection □ Service Air Conditioner 	□ Check & Rotat □ Transmission S □ Brake Inspecti □ Pre-Trip Inspe □ Check Engine □ Align Front En	Service on ction Light On	□ Engine Runnin□ Low Fuel Miles□ Replace Wipes□M	age rs	
Other Services Needed/Des	scription of Probler	n:			
WE ACCEPT: PERSONAL CHEC I hereby authorize the repair work herein or damage to vehicle or articles left in ve unavailability of parts or delays in parts or operate the vehicle herein described on is hereby acknowledged on above vehicle	n set forth to be done along whicle in case of fire, theft, or whipments by the supplier or streets, highways or elsewhe	with the necessary mater any other cause beyond transporter. I hereby gra tre for the purpose of tes	your control or for any nt you and/or your em	delays caused by ployees permission to	
Customer Signature X			Date:		
(This repair shop is not responsible for pe	ersonal property left in cars :	such as guns, cameras, cl	othing, money, cell pho	ones, radar detectors, etc.)	