



SALES • SERVICE • REPAIRS • PARTS

AFTERHOURS DROP -OFF FORM

Owner/ Vehicle Info:

Name: _____ Make: _____ Model: _____
 Trim: _____
 Address: _____ Year: _____ Color: _____
 City: _____ License Plate: ST _____ / _____
 Zip Code: _____ Mileage: _____
 Home Phone: _____ VIN: _____
 Cell Phone: _____ e-mail: _____

- Lube oil & Filter change**
- Tire rotation**
- Air filter**
- Cabin filter**
- Transmission service / transmission issue:** _____
- Brake/s replacement / check brake issue:** _____
- Complete vehicle inspection / other :** _____

X _____ **Date:** _____

Terms: Cash (Unless other arrangements made prior) I hereby authorize the repair and work herein set forth to be done by you, together with the furnishing by you of the necessary parts and other material for such repair, and agree: that you are not responsible for any delays caused by unavailability or delayed availability of parts or material for any reason; that you neither assume nor authorize any other person to assume for you any liability in connection with such repair; that you shall not be responsible for loss of or damage to the above vehicle, or articles left therein, in case of fire, theft or other cause beyond your control; that an express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto; that your employees may operate the above vehicle on streets, highways or elsewhere for the purpose of testing and/or inspecting such vehicle.

