



TO OUR EARLY MORNING OR LATE EVENING SERVICE CUSTOMERS

- 1- FILL OUT THIS DIGITAL FORM & PRINT
- 2- SIGN & DATE FORM
- 3- LEAVE YOUR VEHICLE IN OUR LOT & LOCK
- 4- DROP ENVELOPE IN NIGHT DROP BOX LOCATED BY THE FRONT DOOR

NOTE: We cannot begin work without Your Signature

First Name

Last Name

Phone #

Alt Phone #

Email Address

Mailing Address

City

ST

ZIP

Year

Make

Model

License

Mileage

Color

REQUESTED SERVICES

30 / 60 / 90 / 120 Mile Service (circle)

"Check Engine" Light On

Noise Inspection ex.

No Start/No Crank (circle)

Brake Inspection (Reason)

ABS/Brake/Traction Cont. Light On

Oil Leaks

Coolant Leaks

Oil Change

Overheating

Other/Explain:

REPAIR AUTHORIZATION

I hereby authorize Automotive Specialists including its officers, agents and employees, to estimate and repair my vehicle. I grant Automotive Specialists permission to operate the vehicle for the purposes of diagnosis, testing and inspection. An expressed mechanic's lien is acknowledged for amount of repairs in addition to releasing the business from liability for loss or damage to vehicle or articles left in vehicles in case of fire, theft, or other cause beyond control of Automotive Specialists.

I request a quote before Initial Inspections/Testing/Repairs are performed

***I authorize the above Initial Inspections/Testing/Repairs to be performed and not to exceed \$
without my further approval.***

Signature

Date