



1 - Please fill out this sheet and sign.

2 - Lock your vehicle, and drop keys and information through front office door slot.

THANK YOU!

Name _____

Address _____

Zip Code _____

Mileage _____

Contact #'s 1st _____ 2nd _____

Year _____ Make _____ Model _____

License # _____ Color _____

Check list:

- | | |
|---|---|
| <input type="checkbox"/> AIR CONDITIONING | <input type="checkbox"/> EXHAUST |
| <input type="checkbox"/> ALIGNMENT | <input type="checkbox"/> ENGINE TUNE/ENGINE LIGHT |
| <input type="checkbox"/> BRAKES | <input type="checkbox"/> OIL SERVICE |
| <input type="checkbox"/> CLUTCH | <input type="checkbox"/> STEERING/SHOCKS |
| <input type="checkbox"/> COOLING | <input type="checkbox"/> _____ MILE SERVICE |

Other:

Not responsible for any personal items left in vehicle. I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate the above vehicle for purposes of testing, inspection and delivery. An express mechanic's lien is acknowledged on the vehicle to secure the amount of repairs thereto.

Signed X _____