



# OVERNIGHT DROP-OFF FORM:

## Customer Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Vehicle Information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Change Oil and Filter | <input type="checkbox"/> Check Engine Light On |
| <input type="checkbox"/> Tire Rotation         | <input type="checkbox"/> Engine Running Poorly |
| <input type="checkbox"/> Transmission Service  | <input type="checkbox"/> Low Fuel Mileage      |
| <input type="checkbox"/> Brake Inspection      | <input type="checkbox"/> Vibration or Noise    |
| <input type="checkbox"/> Inspect Tires         | <input type="checkbox"/> _____ Mile Service    |
| <input type="checkbox"/> Pre-Trip Inspection   | <input type="checkbox"/> Replace Wipers        |

Other Concern(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your vehicle uses a Wheel Lock, please have your **WHEEL LOCK KEY** handy for us.

An estimate will be provided once vehicle has been checked out. No work will be started without customer approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_