



5611 KRAFT DR, ROCKVILLE MD 20852 ~ 301-881-8442

OVERNIGHT DROP-OFF FORM:

Customer Information:

Name: _____	Phone: _____	
Address: _____		
City: _____	State: _____	Zip: _____
E-mail: _____		

Vehicle Information:

Year: _____	Make: _____	Model: _____	License: _____
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<input type="checkbox"/> Oil Change: Syn	<input type="checkbox"/> Reg	<input type="checkbox"/> Safety Check-Out
<input type="checkbox"/> Fluid Service(s): _____	<input type="checkbox"/> Fluid Leak(s): _____	<input type="checkbox"/> Dash Warning Light(s) On:
<input type="checkbox"/> Tire Rotation	<input type="checkbox"/> Engine Noise	<input type="checkbox"/> Exhaust Noise
<input type="checkbox"/> Tire Inspection		
<input type="checkbox"/> Brake Concerns		

*If your vehicle uses a **Wheel Lock**, please have your Wheel Lock **Key** handy for us*

Other Concern(s): _____

NOTE: No Work Will be Performed Without Customer Authorization!

Customer Rights:

1. You are entitled to a written estimate upon request if repairs will cost more than \$25. Do you want a written estimate? YES ___ NO ___
2. You may not be charged more than 10% over the written estimate without your consent.
3. You are entitled to the return of any replaced parts except those that must be returned to the manufacturer under warranty agreement.
*If you do NOT want the parts, initial here: _____
4. Repairs not originally authorized by you will not be charged to you without your consent.

*Customer Signature: _____ Date: _____ Time: _____