

Key Drop



1. Please write your service instructions.
2. Sign at bottom of form.
3. Lock your vehicle.

Thank You!

Name: _____

Address: _____

City: _____

Business Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Year: _____ Make: _____ Model: _____

License No.: _____ Mileage: _____ Color: _____

Check or Repair the following:

- | | |
|---|---|
| <input type="checkbox"/> Lubrication Service | <input type="checkbox"/> State Inspection |
| <input type="checkbox"/> Oil & Filter | <input type="checkbox"/> Service Brakes |
| <input type="checkbox"/> Air Cleaner | <input type="checkbox"/> Align Front End |
| <input type="checkbox"/> Transmission Service | <input type="checkbox"/> Balance Wheels |
| <input type="checkbox"/> Oil Leaks | <input type="checkbox"/> Rotate Tires |
| <input type="checkbox"/> Engine Tune-Up | <input type="checkbox"/> Service Air Conditioning |

Comments:

Do You Want Your Old Parts? Yes No

NOT RESPONSIBLE FOR ANY VALUABLES 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 or delivery at my risk. An express mechanic's lien is acknowledged on the above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

Signature X _____

NOTICE: This form must be signed before we can begin work on your vehicle.