Vehicle Drop Off Form



- 1. Please fill out this form and place in envelope with keys.
- 2. Please park your LOCKED vehicle in customer parking area.
- 3. Place your KEYS in the envelope and seal.

Nwner & Vehicle Info.

- 4. Place envelope through the slot in the front door.
- 5. Please phone us early to confirm repair details. We open at 7:30 am M-F.

| Your Full Name: | | | | | |
|------------------------|-----------------------|-------------------------|-------------------------------------|-----------------|---|
| Address: | | | | | |
| City: | | | | | |
| State | | | Zip Code: | | |
| Home/cell phone #:_ | | | | | |
| Work/Daytime phone #: | | | (please circle best number to call) | | |
| E-mail: | | | | | |
| Vehicle make & model: | | | (eg. GM Corvette) | | |
| Year: | | | | | |
| Color: | | | | | |
| Odometer/Mileage:_ | | | | | |
| License plate: | | | | | |
| | | | | | |
| Maximum amou | unt allowed be | fore contacting | g you for authoriz | :ation: (Pla | ease sign (initial) one) |
| \$250 | \$500 | \$1,000 | \$ | | |
| | | | | | |
| Work to be per | formed / Desi | cription of pro | blem: | | |
| - | | _ | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Desired vehicle picku | p time? | | | | |
| | | | | | |
| | | | | | |
| Terms: Lash (unless | s other payment ar | rangements made | prior to starting work) | | |
| I hereby authorize the | work and renair herei | in set forth to he done | hv Mall Auto Service tonet | her with the fu | rnishing by Mall Auto Service of the necessary |
| | | | | | caused by unavailability or delayed availability |
| | | | | | to assume for Mall Auto Service any liability in |
| | | | | | e vehicle, or articles left therein, in case of fire, d on the above vehicle to secure the amount of |
| | | • | | | here for the purpose of testing and/or inspect- |
| ing such vehicle. | ····· /·- / | , , , , , , | , g . | , | , , |
| п. | | | 5 | | т. |
| Signature: | | | U | ate: | Time: |