

1. Fill out your order on this document and print. Include this sheet with your keys in the drop off envelope.

2. Park your car in the parking lot. Be sure it is locked.

3. Be sure to leave a phone number where you can be reached.

4. Drop the envelope with this filled out form and your key.

Please fill out this form completely.

Name:		License Plate:
Address:		
City / State:		Zip: Mileage:
Primary Phone:		Secondary Phone:
Email:		
VEHICLE		
Make:	Model:	Year: Color:
PLEAS	SE USE THIS LIST FO	R ANY REQUESTED WORK
Tires		Check Shocks/Struts
Balance & Rotate Tires		Battery & Starter System

Balance & Rotate Tires Wheel Alignment Lubrication, Oil Change, Filter Check Brakes Check Exhaust Check Shocks/Struts Battery & Starter System Belts & Hoses Replace Wiper Blades Check Steering & Suspension Missouri State Safety / Emissions Inspection

Details on Requested Repairs:

Completion Time Requested: _____

I hereby authorize the above repair work to be done and hereby grant you and/or your employees to operate the vehicle herein described on the streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. Dealer is not responsible for unavailability of parts or delays in parts shipments beyond dealer's control nor for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond dealer's control.

Signature: ____

Date:_

BE SURE TO LEAVE PHONE NUMBER