

CENTER AUTO REPAIR

AFTER HOURS SERVICE KEY DROP

10567 106 ST EDMONTON, AB T5H 2X5 * TEL# 780 425 9132 FAX# 780 425 9145

1. PLEASE RECORD YOUR CONCERN(S) ON THIS PAPER
2. LOCK VEHICLE, PLACE KEY IN ENVELOPE WITH THIS FORM IN SECURITY KEY DROP SLOT BY THE MAIN ENTRANCE DOOR
3. BE SURE TO INCLUDE CONTACT INFORMATION

E-MAIL ADDRESS _____ DATE _____

HOME/BUSINESS/CELL# _____

NAME _____

ADDRESS _____ CITY _____

POSTAL CODE _____ MILEAGE _____ COLOR _____

YEAR _____ MAKE/MODEL _____ LIC PLATE# _____

Client Services Requested:

- | | |
|--|--|
| <input type="checkbox"/> Maintenance Service (Oil, filter, lube) | <input type="checkbox"/> Heating/Cooling/AC |
| <input type="checkbox"/> Engine Running Condition (Tune-up) | <input type="checkbox"/> Steering & Suspension |
| <input type="checkbox"/> Lights/Electrical/Battery | <input type="checkbox"/> Braking System |
| <input type="checkbox"/> Wipers/Washers | <input type="checkbox"/> Noise/Leaks (Fluids) |
| <input type="checkbox"/> Tires/Balancing/Rotation | <input type="checkbox"/> Wheel Alignment |

OTHER CLIENT CONCERNS AND/OR DETAILS: _____

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle described for testing and/or inspection. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE

Please Authorize:

(Must be signed to proceed with inspection(s) or requested work.)

Preferred method of payment: Cash Debit Visa Mastercard