

24-HOUR KEY DROP PRINT THIS PAGE, FILL OUT, PLACE IN OUR 24-HOUR KEY DROP BOX WITH KEYS Name: Street Address: City: _____ State: ____ Zip: ____ Home Phone: Work Phone: Cell Phone: _____ **Vehicle Information:** Make: Year: _____ Model: License: PLEASE WRITE YOUR INSTRUCTIONS BELOW THE FOLLOWING MUST BE COMPLETED AND SIGNED Please initial your choice, and sign at the bottom. _____ Written estimate _____Oral estimate _____I do not request an estimate Do you want your old parts? YES NO I hereby authorize the service, repair or estimate as requested above. Employees or agents if Auto Service & Tire may operate the above vehicle for purpose of testing, inspection or delivery at my risk. An express mechanics 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 causes beyond our control. Customer Name Date

Our 24-hour key drop box is located at the front of the building.