

## **24-HOUR KEY DROP**

FILL OUT THIS FORM, PRINT, PLACE IN OUR 24-HOUR KEY DROP BOX WITH KEYS

Name:		
Street Address:		
City:	State:	Zip:
Home Phone: Work Phone: Cell Phone:		
Vehicle Information: Year:	Make:	
Model:	Color:	License:
F	PLEASE WRITE YOUR INSTF	UCTIONS BELOW
	FOLLOWING MUST BE COM	IPLETED AND SIGNED
Please initial your choice, and		I do not request an estimate
Do you want your old parts?		i do not request an estimate
I hereby authorize the service, repair ate the above vehicle for purpose o	r or estimate as requested above f testing, inspection or delivery at amount of repairs thereto. You wi	Employees or agents if Auto Service & Tire may opermy risk. An express mechanics lien is acknowledged II not be held responsible for loss or damage to vehicle uses beyond our control.
Customer Name	Date	
Qur 24-ha	our key drop box is located a	t the front of the building