



After Hours Key Drop Form

1. Please write your service instructions on this envelope.
2. Print and bring this sheet with you to our service location.
3. Lock your car and insert this sheet into envelope with keys and seal.
4. **Sign** envelope at the bottom and drop envelope in our mail slot.

Thank You!

NAME

ADDRESS

CITY

ZIP CODE

MILEAGE

YEAR

MAKE

MODEL

BUS. PH.

HM. PH.

CELL. PH.

EMAIL

LICENSE NO.

COLOR

CHECK/REPAIR THE FOLLOWING

- | | |
|----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> LUBRICATION SERVICE | <input type="checkbox"/> CLUTCH |
| <input type="checkbox"/> OIL & FILTER | <input type="checkbox"/> BRAKE |
| <input type="checkbox"/> AIR CLEANER | <input type="checkbox"/> ALIGNMENT |
| <input type="checkbox"/> TRANSMISSION FLUID | <input type="checkbox"/> WHEEL BEARINGS |
| <input type="checkbox"/> DIFFERENTIAL FLUID | <input type="checkbox"/> BALANCE WHEELS |
| <input type="checkbox"/> OIL LEAKS | <input type="checkbox"/> ROTATE TIRES |
| <input type="checkbox"/> ENGINE TUNE-UP | <input type="checkbox"/> STEERING & SHOCKS |
| <input type="checkbox"/> MUFFLER | <input type="checkbox"/> LIGHTS |
| <input type="checkbox"/> EXHAUST SYSTEM | <input type="checkbox"/> AIR CONDITIONING |
| <input type="checkbox"/> EMISSION SERVICE | <input type="checkbox"/> FLUSH RADIATOR |
| <input type="checkbox"/> STATE INSPECTION | <input type="checkbox"/> BODY DAMAGE |

COMMENTS:

DO YOU WANT YOUR OLD PARTS? YES NO