

Super-Lube After Hours Drop-off Form

PLEASE PRINT THIS FORM

Fill in all blanks and be sure to describe what you need repaired. Fold your keys into this form and deposit through the key drop.
Thank You!

PLEASE BE SURE TO LEAVE A PHONE NUMBER WHERE WE CAN CONTACT YOU TODAY

Name:		E-mail:			
Address:		City:		State:	Zip:
Home Phone:		Work Phone		Cell Phone:	
Lic #:	Year:	Make:	Model:	Color:	
Service Requested:		Description:			
<input type="checkbox"/> Oil change / Lube					
<input type="checkbox"/> 30 / 60 / 90K Service					
<input type="checkbox"/> Timing Belt					
<input type="checkbox"/> Hard start cold					
<input type="checkbox"/> Hard start warm					
<input type="checkbox"/> Alignment					
<input type="checkbox"/> Rough running					
<input type="checkbox"/> Transmission Service					
<input type="checkbox"/> Overheating					
<input type="checkbox"/> Air conditioning					
<input type="checkbox"/> Brakes					
<input type="checkbox"/> Coolant leakage					
<input type="checkbox"/> Exhaust					
<input type="checkbox"/>					
Other Service or Repair (Please Explain)					
<p>IMPORTANT Do you want old parts? Yes <input type="checkbox"/> No <input type="checkbox"/> NOTICE: If you the consumer authorize commencement but not completion, a charge will be imposed for disassembly, reassembly, or partially completed work. I hereby authorize the above work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle herein described in the streets, highways or elsewhere for the purpose of testing and/or inspection Yes <input type="checkbox"/> No <input type="checkbox"/> ESTIMATE: You have the right to an estimate of the cost of repairs or services which you are requesting. Your bill will not be higher than the estimate given unless you approve a larger amount before repairs are finished. You can choose the kind of estimate you want to receive by selecting one of the following choices and indicating a telephone number where you can be reached, if necessary, in the space provided under Customer Information at the top of this form. Written <input type="checkbox"/> Oral Estimate <input type="checkbox"/> No Estimate <input type="checkbox"/> THE ABOVE REPAIRS SHOULD BE COMPLETED BY THE END OF THE DAY. IF NEEDED SOONER, PLEASE CALL US AS SOON AS POSSIBLE.</p>					
TIME YOU EXPECT TO PICK UP YOUR VEHICLE:					
Please sign here:				Date:	
Please be sure to leave keys with this form					