

1. Fill out the form below completely.
2. Read, sign and date the Authorization Statement
3. Follow the instructions found near the box.
4. The Night Drop Box is located on the front shop door.



12295 Locksley Lane
Auburn, CA 95602

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|---|-------|-----------|------------------|---------|--------|-----|
| NAME: | | | | | | |
| ADDRESS: | | | | | | |
| CITY: | | STATE: | | ZIP: | | |
| Circle the preferred contact number method. | | | | E-Mail: | | |
| Home Phone: | | | Work Phone: | | | |
| Cell: | | | Spouse' s Phone: | | | |
| Vehicle: | | Year: | Make: | | Model: | |
| License Plate Number: | | | | | | |
| Body Style: | Sedan | Hatchback | Station | Wagon | Truck | SUV |
| Color: | | | | | | |
| Requested Service, Symptoms and Instructions: | | | | | | |

I hereby authorize the above services to be performed along with the necessary material and hereby grant you and/or your employees' permission to operate the vehicle herein for the purpose of testing and/or inspection at my risk. I affirm and attest that this vehicle is lawfully insured in the state in which it is registered. An express mechanics lien is hereby acknowledged on the above vehicle to secure the amount of service thereto. There is a \$40 return check fee and right of repossession on un-collectable checks and unpaid balances 30 days after date on check or date vehicle was returned to customer. If collections is made by suit or otherwise, I agree to pay all costs thereof including court and attorney's fees. There will be a \$15 per day storage fee for vehicles left after 5 days after completion of service. All parts removed will be discarded unless instructed and initialed otherwise_____. Final invoice cost may exceed estimate 10% excluding taxes, hazardous and shop fees without prior notice. Not responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond our control.

Signature: _____ Date: _____