

Fast Lane Form



Please fill in the requested information and leave in with your keys and remote when you drop off your vehicle after hours. We have provided a night drop box by the Service Bay Door.

Please be sure to leave a phone number where we can contact you today

Name:		Email:				
Address:		City:		State:		Zip:
Home Phone:			Work Phone:		Cell Phone:	
Lic#	Year:	Make:		Model:	Color:	
Service Requested		<input checked="" type="checkbox"/>	Other – Please Explain:			
Oil Change						
30/60/90K Service						
Timing Belt						
Tire Rotation						
Tire Rotation and Balance						
Rough Running						
Alignment						
Transmission Service						
Cooling System Flush						
Air Conditioning						
Brakes						
Coolant Leakage						
Oil Leak						
Check Engine Light						
Electrical (Describe)						
PAYMENT DUE UPON COMPLETION OF WORK PREFORMED						
<p>I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree you are not responsible for loss or damage to vehicle or articles left in vehicle on case of fire, theft or any other cause beyond your control or for delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employee's permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.</p>						
<p>*I authorize ½ hour of diagnostic time at \$59.00. Diagnostic time does not apply to warranty related items. No work to be performed without signature.</p>						
Sign here:				Date:		
Please be sure to leave keys and remote with this form						