



Night Drop Box Form

License Plate No. / State _____
Mileage _____
Year / Make / Model _____
Symptoms / work to be
Completed _____

Name _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____

Important! Please follow these instructions:

1. Print, complete and sign and date this form.
2. Please park your vehicle in one of our parking spaces in front of the shop
3. Take an envelope from the Night Drop Box outside the office door and place your keys and this form inside the envelope. Then insert the sealed envelope through the office door slot.
4. Call us first thing in the morning to confirm details of the repair. Our advisors arrive at 7:30AM Monday through Friday.

Customer's Signature

_____ Date _____