

Drop Off Form:

TO OUR EARLY BIRD / NIGHT OWL CUSTOMERS:

1. Write your order on this form
2. Leave your vehicle in our lot - locked
3. Please sign form
4. Place form and keys in night drop

Customer Name _____

Phone _____

Email Address _____

Year _____

Make _____

Model _____

Color _____

- | | |
|--|--|
| <input type="checkbox"/> Change Oil and Filter | <input type="checkbox"/> Check Engine Light On |
| <input type="checkbox"/> Tire Rotation | <input type="checkbox"/> Low Fuel Mileage |
| <input type="checkbox"/> Brake Inspection | <input type="checkbox"/> _____ Mile Service |
| <input type="checkbox"/> Inspect Tires | <input type="checkbox"/> Replace Wipers |
| <input type="checkbox"/> Safety Inspection | |

Other Services Needed / Description of Problem:
