	FILL IT OUT. DROP IT OFF.
Name:	Phone:
Address:	Alt Phone:
City:	State:Zip: Email:
Vehicle Year: Make: _	Model:
SYMPTOMS:	
□ Hard to start □ Idle spe	ed is unsteady
 Will not start Idle specification 	ed is too high 🛛 Backfires
 Starts but stalls Hesitate 	es or stalls on acceleration <a>D Speed changes for no reason
Pings or knocks Stalls of	n deceleration or quick stop 🛛 Poor gas mileage (MPG)
	ising □ Braking □ At a speed of MPH
SYMPTOMS OCCUR WHEN ENGINE Cold Warming Up Normal	
SYMPTOMS OCCUR:	time Suddenly Gradually At (mileage)
OTHER REQUESTED WORK: Chassis lubrication Change Engine Oil & Filter Replace Clutch A/C Service Tire Balance	 Change Transmission Fluid Repack Front Wheel Bearings Tune Engine Replace Brakes Tire Rotation Alignment Replace Inspection

Additional Information:

Tire Balance

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees 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 and/or services thereto. Our facility is not responsible for unavailability of parts or delays in parts shipments beyond our control nor for loss or damage to the vehicle or articles left in vehicle in care of fire, theft or any other cause beyond our control.

Alignment

Pl	lease	Sign	Here	Х
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