



## AFTER HOURS DROP OFF FORM

1. Write your information on this form
2. Leave your locked vehicle on our lot
3. Place your keys with this envelope in the drop off box

Name \_\_\_\_\_ License Plate # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make & Model \_\_\_\_\_ Color \_\_\_\_\_

### Use This Handy Checklist

- |  |   |
|--|---|
| <input type="checkbox"/> Oil Change & Filter | <input type="checkbox"/> Brakes             |
| <input type="checkbox"/> State Inspection    | <input type="checkbox"/> Tires              |
| <input type="checkbox"/> Front End Alignment | <input type="checkbox"/> Check AC/Heating   |
| <input type="checkbox"/> Service Light       | <input type="checkbox"/> Headlights         |
| <input type="checkbox"/> Transmission Flush  | <input type="checkbox"/> Exhaust            |
| <input type="checkbox"/> Radiator Flush      | <input type="checkbox"/> _____ Mile Service |

Other Services/Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Terms:** Payment is due at time of vehicle pick up unless arrangements have been made.

I hereby authorize the repair work stated above to be completed on the vehicle listed above and agree that Johnson's Auto Care is not responsible for loss or damage to the vehicle or articles left in the vehicle. I hereby grant Johnson's Auto Care and its employee's permission to operate the vehicle on streets, highway, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the vehicle listed above to secure the amounts of repairs thereto.

CUSTOMER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_