



DATE: \_\_\_\_\_

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# SERVICE DROP-OFF FORM

EARLY BIRD



NIGHT OWL



For your convenience and safety, you may print this form and fill it out at home. Simply bring it in with you when you drop your vehicle off for service. There are envelopes located just outside of our office entrance. Place the completed service request, along with your keys, in the envelope and slip it through the slot in our drop off box. We'll call you as soon as we check your car with a complete estimate. It's that easy!

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

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

If you prefer to call us for an estimate, what time will you call? \_\_\_\_\_

E-mail: \_\_\_\_\_

Year of Vehicle \_\_\_\_\_ Make and Model \_\_\_\_\_ Color \_\_\_\_\_

### USE THIS HANDY CHECKLIST

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Oil & Filter Change         | <input type="checkbox"/> Service Transmission    | <input type="checkbox"/> Muffler or Exhaust      |
| <input type="checkbox"/> 30/60/90K Scheduled Service | <input type="checkbox"/> Difficulty Starting     | <input type="checkbox"/> Air Conditioning        |
| <input type="checkbox"/> Tune-Up                     | <input type="checkbox"/> Rough Running Engine    | <input type="checkbox"/> Will Not Start-Towed In |
| <input type="checkbox"/> Break Inspection            | <input type="checkbox"/> Timing Belt Replacement | <input type="checkbox"/> Clutch or Transmission  |
| <input type="checkbox"/> Cooling System Service      | <input type="checkbox"/> Overheating             |  |
| <input type="checkbox"/> Replace Wiper Blades        | <input type="checkbox"/> Service Engine Light On |  |

Other work requested (please explain): \_\_\_\_\_

I hereby grant Mike the Mechanic and its employees to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing or inspection. Mike the Mechanic is not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond our control. I authorize up to one hour of diagnosis to be billed to properly provide me with an estimate of repairs. Mike the Mechanic will not perform repairs to my vehicle until I have provided authorization of any amount over \$74.00.

Please sign \_\_\_\_\_

**YOU WILL BE CALLED AND GIVEN AN ESTIMATE FOR THE REPAIRS YOUR VEHICLE NEEDS BEFORE ANY WORK IS PERFORMED, UNLESS OTHERWISE ARRANGED.**

Would you like us to save your old parts? Yes  No