

# BERT'S AUTO

## AFTER HOURS KEY DROP

1. Please Write your service instructions on the envelope
2. Lock your car, place your keys in the envelope and seal.
3. Sign at the bottom and drop the envelope in our key drop slot.

Thank You.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Year \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

### Check/Repair the Following

- |   |   |
|---|---|
| <input type="checkbox"/> Lube Oil & Filter    | <input type="checkbox"/> Computer Diagnostics   |
| <input type="checkbox"/> Air Filter           | <input type="checkbox"/> Fuel Injector Cleaning |
| <input type="checkbox"/> Transmission Service | <input type="checkbox"/> Clutch                 |
| <input type="checkbox"/> Differential Oil     | <input type="checkbox"/> Brakes                 |
| <input type="checkbox"/> Oil Leaks            | <input type="checkbox"/> Wheel Alignment        |
| <input type="checkbox"/> Engine Tune Up       | <input type="checkbox"/> Rotate Tires           |
| <input type="checkbox"/> Muffler              | <input type="checkbox"/> Wheel Balance          |
| <input type="checkbox"/> State Inspection     | <input type="checkbox"/> Flush Radiator         |
| <input type="checkbox"/> Lights               | <input type="checkbox"/> Air Conditioning       |

### Comments

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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 described for testing and/or inspection. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

SIGNED \_\_\_\_\_