



# TIRE SERVICE INC.

## Night Drop Form

### Customer Information

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Alternate Phone# \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_.com  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Vehicle Information

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
 License Plate \_\_\_\_\_

### Service(s) (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Full Service Oil Change | <input type="checkbox"/> A/C Service     | <input type="checkbox"/> Check Heating      |
| <input type="checkbox"/> Tire Rotation           | <input type="checkbox"/> Coolant Service | <input type="checkbox"/> Replace Wipers     |
| <input type="checkbox"/> Brake Inspection        | <input type="checkbox"/> Trans Service   | <input type="checkbox"/> Check Exhaust      |
| <input type="checkbox"/> Balance ___ tires       | <input type="checkbox"/> Check Battery   | <input type="checkbox"/> Pwr Steering Flush |
| <input type="checkbox"/> Replace ___ tires       | <input type="checkbox"/> Engine Tune up  | <input type="checkbox"/> Brake Fluid Flush  |
| <input type="checkbox"/> Wheel Alignment         | <input type="checkbox"/> Belts/Hoses     | <input type="checkbox"/> Check Engine Light |

### Description of Problem and/or other requested service(s):

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I hereby authorize the above repairs to be done limited to \$\_\_\_\_\_. I wish to be contacted for additional repairs. YES\_\_ NO\_\_. B-C employees may operate above vehicle for purposes of testing, inspecting or delivery at my risk. An express mechanics lien is acknowledged to secure the amount of the repairs thereto. It is also understood that B-C will not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft, or any other cause beyond our control.

**Customer Signature:** \_\_\_\_\_