

BC TIRE EXPRESS WORK ORDER FORM

NAME _____ LICENSE PLATE NO. _____

ADDRESS _____

CITY _____ STATE _____ MILEAGE _____

HOME PHONE _____ BUSINESS PHONE _____

WHEN WOULD YOU LIKE YOUR VEHICLE TO BE READY? _____ AM PM

YEAR _____ MAKE & MODEL _____ COLOR _____

PLEASE CHECK SERVICES DESIRED

- | | |
|--|--|
| <input type="checkbox"/> INSPECT BRAKES | <input type="checkbox"/> CHECK STEERING AND SHOCKS |
| <input type="checkbox"/> PERFORM STATE INSPECTION | <input type="checkbox"/> PERFORM ENGINE TUNE-UP |
| <input type="checkbox"/> CHANGE OIL AND FILTER | <input type="checkbox"/> COOLANT SERVICE |
| <input type="checkbox"/> ALIGNMENT | <input type="checkbox"/> CHANGE WIPER BLADES |
| <input type="checkbox"/> BALANCE TIRES | <input type="checkbox"/> CHECK HEATING & AC SYSTEM |
| <input type="checkbox"/> SAFETY INSPECTION | <input type="checkbox"/> CHECK BATTERY AND CHARGING SYSTEM |
| <input type="checkbox"/> INSTALL _____ (QTY) NEW TIRES | <input type="checkbox"/> CHECK BELTS AND HOSES |
| <input type="checkbox"/> ROTATE TIRES | <input type="checkbox"/> CHECK EXHAUST SYSTEM |
| | <input type="checkbox"/> PERFORM TRANS SERVICE |
- _____,000 MILE SCHEDULED MAINTENANCE SERVICE

OTHER SERVICES DESIRED/DESCRIPTION OF PROBLEM:

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.

SPECIAL ORDER DEPOSIT NOT REFUNDED.

CUSTOMER SIGNATURE: _____