



SIGNATURE REQUIRED AT BOTTOM OF FORM
1015 Latham Court, Rock Hill, SC 29732 / (803) 366-7512

Work Request Form

Name: _____

Address _____ City _____ Zip _____

Cell Phone _____ Email _____

Vehicle Information

Year _____ Make _____ Model _____ Color _____

Check / Repair the Following

<input type="checkbox"/> Oil Change	<input type="checkbox"/> Service Brakes
<input type="checkbox"/> Oil Leaks	<input type="checkbox"/> A/C Service
<input type="checkbox"/> Tune Up	<input type="checkbox"/> Battery
<input type="checkbox"/> Other/ Diagnostics:	<input type="checkbox"/> Suspension
Explain _____	

Do you *require* an estimate before we start working? Yes / No

NOT RESPONSIBLE FOR ANY PERSONAL ITEMS LEFT IN VEHICLE.

I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate the above vehicle for the purposes of testing, inspection or delivery at my risk. An expressed mechanic's lien is acknowledged on the above vehicle to secure the amount of repairs thereto. I understand that if my vehicle remains on the shop's property 30 days after work is completed a \$30 per day storage fee will be added to my statement. You will not be held responsible for loss of damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

Signed _____ Date _____

Notice: This form must be signed and dated before we can begin work on your vehicle.