



Night Drop Form

Name

Address

City State Zip Code

Check Preferred Contact Method:

Home Phone

Cell Phone

Other Phone

eMail

Vehicle Information:

Lic. Plate Year

Make Model

Mileage Color

Check Requested Services:

Oil Change, Filter, Lubrication Tire Rotation Tire Balance & Rotation Detailing Services Requested:

Diagnostic or Mechanical Services:

Item 1

Description of problem or Service requested.

Item 2

Description of problem or Service requested.

Item 3

Description of problem or Service requested.

Please fill out the waiver below to avoid having to stop in and sign an estimate or to have an estimate faxed/e-mailed to you and then having to return it to us signed. Suggested amounts are \$60.00 -\$125.00 to start diagnosis or enter pre-authorized amount.

WAIVER OF RIGHT TO ESTIMATE

I, _____ voluntarily request Davis Auto Care to provide services or parts in the repair of the above described motor vehicle without receiving an estimate of repair costs by signing this form, I understand that I will give up my right to:

1. Receive a written estimate of the cost for repairs.
2. Approve in advance any repairs or costs with a total cost under \$ _____ ; and
3. Refuse to pay for repairs with a total cost less than the amount stated above.

The facility may exceed the amount stated above only after I give my written or oral approval.

Customer's Signature _____ Date _____ Time _____