## Service Drop-off Form

For your convenience and safety, please take a moment to fill out this form. Kindly place this completed service request along with your keys into our secured drop box. We will call you as soon as possible with a complete estimate or when the work is completed.



Today's Date Date / Time Car Expected Primary Phone (required) Secondary Phone (optional) AM ΡM Name E-mail Address (required) Street Address (required) City State Zip Year of Vehicle Model Engine Transmission Mileage **USE THIS HANDY CHECKLIST** Brake Fluid Flush Rough Running Engine Check Engine Light On U Will Not Start (Towed In) □ Scheduled Service Leaking Fluids Exhaust / Downpipe □ Clutch / Transmission Low Power □ Wheel Bearing □ Air Conditioning □ Brakes □ Service Transmission □ Timing Belt Service □ RocketChip Tune □ Suspension / Steering

Other Work Requested (please explain)

I hereby grant Jon's Auto LLC and its employees to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing or inspection. In the case of fire, theft, or any other cause beyond our control, Jon's Auto LLC is not responsible for loss or damage to the vehicle, or to articles left in the vehicle. I understand that under Ohio state law, I am entitled to a written or oral estimate if my final bill will exceed \$25.00.\*

Please Sign			Date
*Estimate: You have the right to an estimate if the expected cost of repairs or services will be more than twenty-five dollars.			
Initial your choice	itial your choicewritten estimateoral estimateno estimate		
Would you like us to save your old parts?		How did your hear about us?	
☐ Yes (return to me)	□ No (please recycle)	□ Flier □ Website	□ Referral <i>(name)</i> □ Other

## No work can or will be performed without an authorized signature

As always, we thank you for choosing Jon's Auto LLC