



## After Hours Drop Off Form

Please print and complete this form. Place this form and your keys  
in our drop box located at front door entrance.

Be sure to leave a contact number where we can reach you today.

Name:		Email:		
Address:	City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:		
License#	Year:	Make:	Model:	Color:
Service Requested:			Description:	

### IMPORTANT

**Estimate:** You will be given an estimate on the cost of repairs or services in which you are requesting.  
Please indicate what kind of estimate you want by selecting one of the following choices:

Written     Oral     No Estimate Needed

I hereby authorize the repair work to be done along with the necessary parts and materials and hereby grant you and/or your employees permission to operate the vehicle here in described on streets, highways or elsewhere, at your discretion, for the purpose of testing and/or inspection.

### NOTICE PURSUANT TO SEC 70.001, TEXAS PROPERTY CODE

I am the person or agent, acting on behalf of the person obligated to pay for the repair of the vehicle subject to this repair contract. I understand this vehicle is subject to repossession in accordance with Sec9.503, Texas Business Commerce Code if a written payment or credit card for the repair is stopped, dishonored for lack of funds, or because the marker has no account.

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_