



Quality Auto Care

Night Drop Box Form

License Plate No. / State

Mileage

Year / Make / Model

Symptoms/work to be completed

Name

Address

City/ST/Zip

Home Phone

Work Phone

Cell Phone

Important! Please follow these instructions:

1. Print, complete and sign and date this form.
2. Please park your vehicle in our parking space in front of the store (not on the street). If the space is taken up, please park in front of the gate.
3. Leave your keys and this form in the drop box provided at the gate. ***If you forget this part we may not be able to open for business if your car is blocking the driveway.***
4. Call us first thing in the morning to confirm details of the repair. Our advisors arrive at 8AM Monday through Friday.

I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle. In case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in part shipments by the supplier or transporter. I hereby grant you and your employee's permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and / or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amounts to repair thereto.

Customer's Signature _____

Date _____

Thank you for using Bill's Quality Auto Care.

Bill's Quality Auto Care

2016 Donville Avenue
Simi Valley, CA 93065

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billsqualityautocare.com