



**AFTER HOURS  
KEY DROP  
ENVELOPE**

- 1 - Please write your service instructions on this envelope.
  - 2 - Lock your car, Place Keys in this envelope and seal.
  - 3 - Sign at bottom and drop envelope in our mail slot.
- THANK YOU**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_ MILEAGE \_\_\_\_\_

BUS. PH. \_\_\_\_\_ HM. PH. \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ COLOR \_\_\_\_\_

**CHECK/REPAIR THE FOLLOWING:**

- |  |  |
|--|--|
| <input type="checkbox"/> LUBRICATION SERVICE | <input type="checkbox"/> CLUTCH            |
| <input type="checkbox"/> OIL & FILTER        | <input type="checkbox"/> BRAKE             |
| <input type="checkbox"/> AIR CLEANER         | <input type="checkbox"/> ALIGNMENT         |
| <input type="checkbox"/> TRANSMISSION OIL    | <input type="checkbox"/> WHEEL BEARINGS    |
| <input type="checkbox"/> DIFFERENTIAL OIL    | <input type="checkbox"/> BALANCE WHEELS    |
| <input type="checkbox"/> OIL LEAKS           | <input type="checkbox"/> ROTATE TIRES      |
| <input type="checkbox"/> ENGINE TUNE-UP      | <input type="checkbox"/> STEERING & SHOCKS |
| <input type="checkbox"/> MUFFLER             | <input type="checkbox"/> LIGHTS            |
| <input type="checkbox"/> EXHAUST SYSTEM      | <input type="checkbox"/> AIR CONDITIONING  |
| <input type="checkbox"/> EMISSION SERVICE    | <input type="checkbox"/> FLUSH RADIATOR    |
| <input type="checkbox"/> STATE INSPECTION    | <input type="checkbox"/> BODY DAMAGE       |
|  | <input type="checkbox"/> UNDERCOAT         |

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU WANT OLD PARTS?  YES  NO**

**ALL PRO SERVICENTER IS NOT RESPONSIBLE FOR ITEMS LEFT IN VEHICLE.** 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 herein described on streets, highways or elsewhere, at your discretion, for the purpose of testing and/or inspection.

You have the right to a written or oral estimate if the cost of the repairs will be more than \$50.00. Your bill will not be higher than the estimate by more than 10% unless you approve a higher amount before repairs are finished.

\_\_\_ Written Estimate \_\_\_ Oral Estimate \_\_\_ No Estimate

\_\_\_ Call Me \_\_\_ Completion Date

SIGNATURE \_\_\_\_\_

Terms: STRICTLY CASH Unless Arrangements Made.