



# COOPERTIRES

## YOU MUST SIGN BELOW



### EARLY MORNING / LATE NIGHT SERVICE DROP OFF



- 1 COMPLETE THE INFORMATION ON THIS SERVICE ENVELOPE.
- 2 LOCK YOUR VEHICLE AND PARK IT IN THE ASSIGNED AREA. DO NOT LEAVE YOUR VEHICLE IN THE SERVICE LANE.
- 3 PLACE YOUR KEYS IN THIS ENVELOPE.
- 4 DROP ENVELOPE IN THE SERVICE DROP SLOT.

Name \_\_\_\_\_ License Plate No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Mileage \_\_\_\_\_

Best phone number to call : \_\_\_\_\_

Alternate phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

What time will you call for your vehicle? \_\_\_\_\_  AM  PM

Year \_\_\_\_\_ Make & Model \_\_\_\_\_ Color \_\_\_\_\_

### USE THIS HANDY CHECK LIST

- |  |   |
|--|---|
| <input type="checkbox"/> Change Oil                  | <input type="checkbox"/> Flush Cooling/Change Coolant   |
| <input type="checkbox"/> Change Oil Filter           | <input type="checkbox"/> Adjust Brakes                  |
| <input type="checkbox"/> Chassis Lube                | <input type="checkbox"/> Emission Service               |
| <input type="checkbox"/> Change Transmission Fluid   | <input type="checkbox"/> Adjust Belts                   |
| <input type="checkbox"/> _____ Mile Maint. Service   | <input type="checkbox"/> Replace Wiper Blades           |
| <input type="checkbox"/> _____ Month Maint. Service  | <input type="checkbox"/> Adjust Clutch                  |
| <input type="checkbox"/> Tune-Up                     | <input type="checkbox"/> Service Automatic Transmission |
| <input type="checkbox"/> Front End Alignment         | <input type="checkbox"/> Service Air Conditioner        |
| <input type="checkbox"/> Rotate and Balance Tires    | <input type="checkbox"/> Replace Muffler                |
| <input type="checkbox"/> Repack Front Wheel Bearings | <input type="checkbox"/> Replace Shocks                 |
| <input type="checkbox"/> Reline Front Brakes         | <input type="checkbox"/> Scope Engine                   |
| <input type="checkbox"/> Reline Rear Brakes          | <input type="checkbox"/> State Inspection               |

Additional Services/Description of Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Limitations: OK to repair up to \$ \_\_\_\_\_ Terms: Cash unless arrangements made.

Do you want old parts?  Yes  No

I hereby authorize the above repair work to be done along with the necessary material and grant you and/or your employees permission to operate the vehicle described above on streets, highways or elsewhere for the purpose of testing and/or inspection. I understand that you are not responsible for delays caused by unavailable parts or shipping from the supplier. You are also not responsible for loss or damage to the vehicle or articles left in said vehicle in case of fire, theft or any other cause beyond your control. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_