

QUICK DROP OFF

Date: Time:

Name:

Address: City:

Postcode: Phone:

Email Address:

Year: Model: Colour:

Licence Plate: KM's:

Please perform the following:

- | | |
|---|--|
| <input type="checkbox"/> Routine service due | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Air conditioning/heating | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Tyres |
| <input type="checkbox"/> Engine cooling system | <input type="checkbox"/> Wheel alignment |
| <input type="checkbox"/> Exhaust system | <input type="checkbox"/> Recall or warranty work |

Other items/description of problems:

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Amount not to exceed: \$

I hereby authorise the above repair work to be done along with the necessary materials, and hereby grant you and/or your employees permission to operate the vehicle herein described on the streets, highways, or elsewhere for the purpose of diagnosing or testing said work. I agree that you are not responsible for the loss or damage to the vehicle or articles left in the vehicle in the case of fire, theft, or any other cause beyond the facility's control. I understand that due to using the Quick Drop Off system, I will not be receiving a written estimate, and hereby agree to pay the above authorised amount, plus any additional authorisations made by telephone.

Signed:

Method of payment:

Cash / Eftpos / Credit Card / Fleet / Warranty