



EARLY BIRD SERVICE

(510) 981-1837

DATE _____ TIME _____ AM / PM

Name _____

Address _____

City _____ Zip _____

Phone Number _____

Email _____

Preferred time to CALL EMAIL _____ AM / PM

Year of Vehicle _____ Color _____

Make/Model _____ License # _____

INSPECT OR SERVICE THE FOLLOWING:

- | | |
|---|--|
| <input type="checkbox"/> Oil Change | <input type="checkbox"/> Will Not Start - Towed In |
| <input type="checkbox"/> Scheduled Service | <input type="checkbox"/> Rough Running |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Timing Belt Replacement |
| <input type="checkbox"/> Cooling System Service | <input type="checkbox"/> Overheating |
| <input type="checkbox"/> Replace Wiper Blades | <input type="checkbox"/> Check Engine Light ON |
| <input type="checkbox"/> Transmission Service | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Difficulty Starting | <input type="checkbox"/> Clutch / Transmission |

Other Work Requested

I hereby authorize 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 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 amount of repairs thereto Service facility is not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond facility's control. I understand because of the EARLY BIRD SERVICE, I am unable to receive a copy of the estimated service costs at this time.

Signature _____

1. Please complete Early Bird Service Form
2. Lock your car, place keys in envelope and seal
3. Sign at bottom and drop envelope in mail slot