

After Hours Drop Off Form



Name: _____

Address: _____

Year/ Make/ Model: _____ License: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Symptoms / Work to be Completed:

Use This Checklist:

- | | |
|-------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Change Oil & Filter | <input type="checkbox"/> "Check Engine" Light On |
| <input type="checkbox"/> Check All Fluid Levels | <input type="checkbox"/> Replace Wiper Blades |
| <input type="checkbox"/> Fluid Leaking | <input type="checkbox"/> Rotate Tires |
| <input type="checkbox"/> Check Belts & Hoses | <input type="checkbox"/> Check Suspension Shocks/Struts |
| <input type="checkbox"/> Check Lights | <input type="checkbox"/> Front End Alignment |

Important! Please follow these instructions:

- 1. Print, complete and sign and date this form.**
- 2. Please park your vehicle in one of the designated parking places.**
- 3. Take an envelope from the Night Drop Box on the front of the building and place your keys and this form inside the envelope. DO NOT fill out the envelope. Then insert the sealed envelope through the drop box.**

For Roadside Assistance:

For local emergency or roadside towing, please contact
Nesmith Towing at (208) 884-1000

Customer's Signature _____ Date _____

I hereby authorize the above repair work to be done along with the necessary parts and labor. I hereby grant you and/or your employee's permission to operate the vehicle herein described on streets for the purpose of testing and/or inspection. I understand because of the Night Drop service, I am unable to receive a copy of the service estimate while placing this order.