

AFTER HOURS DROP-OFF FORM



Date: _____

NAME		VEHICLE YEAR	PLATE #
STREET ADDRESS		MAKE	MILEAGE
CITY, STATE, ZIP		MODEL	TRANSMISSION A M
E-MAIL ADDRESS	HOME PHONE	COLOR	ENGINE
CELL PHONE		VIN #	

In your opinion, should any of these repairs be covered by: Warranty? Extended Service Plan?

ESTIMATE: Under Ohio Law you have the right to an estimate if the expected cost of repairs or service will be more than twenty-five dollars. By default, an oral estimate will be given.

Select your choice: Oral Estimate Written Estimate No Estimate Save Parts

I hereby authorize the repair work to be done along with the necessary diagnostic and testing procedures and materials and agree that Rad Air, its employees and/or affiliates are not responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, accident or collision, or any other cause beyond our control or for any delays caused by unavailability of parts. I hereby grant Rad Air and its employees permission to operate the vehicle herein described on the streets, highways or elsewhere for the purpose of testing and/or inspection. Storage will be charged seventy-two hours after repairs are completed. Thank you.

X _____

SIGNATURE AUTHORIZING REPAIRS/SERVICE

SERVICE REQUESTED

OTHER CONCERNS / SERVICES NEEDED:
