



AFTER HOURS SERVICE

TO OUR VALUABLE SERVICE CUSTOMERS:

1. Please indicate what your vehicle servicing needs are in the area below.
2. Provide a contact phone number and/or email address where you can be reached during the day.
3. Park your car in designated customer parking. PLEASE DO NOT BLOCK ANY ENTRANCE OR DRIVEWAY.
4. Remove personal and valuable items, lock doors, place your keys and Owner's Manual Supplement in this envelope.
5. Sign and seal the envelope, deposit in After Hours Drop box.

License Plate #: _____ Model: _____ Year: _____ Colour: _____

Name: _____
First Last

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Phone Number: _____ Email Address: _____

When do you require your vehicle? Date: _____ Time: _____ a.m./p.m

| | | |
|--|--|--|
| SERVICE REQUIRED: | | Odometer Reading: _____ km |
| <input type="checkbox"/> Pre-booked Appointment | <input type="checkbox"/> Emissions Test | <input type="checkbox"/> Safety Inspection |
| <input type="checkbox"/> Oil & Filter Service | <input type="checkbox"/> Install and Balance Tires | <input type="checkbox"/> Vehicle Detailing Service |
| <input type="checkbox"/> Scheduled Maintenance Service | <input type="checkbox"/> Tire Rotation | <input type="checkbox"/> Exterior Damage of Your Vehicle |
| <input type="checkbox"/> Malfunction Indicator Lamp (MIL) | <input type="checkbox"/> Wheel Alignment | |
| Please describe other condition or additional services you wish to be performed on your car: | | |
| _____ | | |
| _____ | | |
| _____ | | |

Would you like replaced parts to be returned: Yes No

You will be contacted and given a verbal estimate before any work is performed.
If you would like to waive your right to receive a written estimate, please sign below.

Signature: _____ Date: _____

I authorize you to carry out the repair work set out on this Work Order and to use the parts and materials you find necessary to complete the repair work. To the extent permitted by law, I release you from responsibility for loss or damage to my vehicle or the articles left in the vehicle in the event of fire, theft or any other cause beyond your control or for any delays resulting from the unavailability of parts. I give to you and your employees permission to operate my vehicle as you see fit for the purpose of testing or inspection.

Signature: _____ Date: _____