



(833) - CRAFTS1

## AFTER HOURS DROP OFF FORM

Instructions: Print out and fill out the information below. When you arrive, insert this form and your key into the provided envelope, seal it and place it into the nightdrop slot.

**NAME:** \_\_\_\_\_

**When would you like your vehicle returned?** \_\_\_\_\_

Check if you have an appointment

**Street Address:**

**Zip Code:**

**Cell Phone:**

**Email:**

**Alternate Phone:**

**Year, Make, and Model:**

**License Plate:**

**Color:**

**HOW CAN WE HELP YOU?**

**Check one:**

- I would like to keep my old parts.
- I would like Craftsman Auto Care to discard/recycle my old parts.

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that Craftsman Auto Care is not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond our control or for any delays caused by unavailability of parts or delay in parts shipments by the supplier or transporter. I hereby grant Craftsman Auto Care and/or 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 repair thereto.

**SIGN HERE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_