

AUTOHAUS

SERVICE REQUEST

NAME: _____ DATE: _____

PHONE #: _____ ALTERNATIVE# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

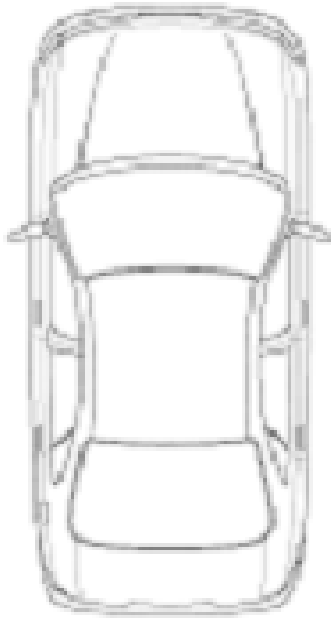
EMAIL: _____

Vehicle

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

LICENSE TAG# _____ VIN# _____

SERVICES REQUEST AND/OR SYMPTOMS:



PLEASE SIGN

I hereby authorize Autohaus employees to operate and test drive the above vehicle for the purpose of diagnostic. inspection, repair and delivery, at my own risk. I understand that the Autohaus will not be responsible for loss or damages equipment and personal property left on or in vehicles in case of fire, theft, or any cause beyond their control. I understand that if I wish to recover old existing parts or damaged parts that request will be made at the time of authorization or repairs. I understand that two (2) days after completion of services or customer declines service that a storage of \$50per day will be charged unless otherwise agreed in writing.

SIGNATURE _____ DATE _____