

Buddy's Automotive
401 West Maple
Independence, MO 64050

Phone: 816-252-0425
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NIGHT DROP ENVELOPE INSTRUCTIONS:

Privacy laws prohibit our company from sharing any customer information with anyone, so please fill out all info as we use email, fax and cell phone numbers to communicate your vehicles requirements in the timeliest manner...

Customer Name: _____

Address: _____

City _____ State _____ Zip Code _____

Work E-mail _____ Home E-mail _____

PLEASE PROVIDE ALL CONTACT NUMBERS FOR BOTH TODAY'S AND FUTURE SERVICE APPOINTMENTS

Home _____ Work _____ Cellular _____ Pager _____

Vehicle _____ Year _____ Color _____ License _____

Referred by _____ Need car by: Day _____ Time _____

DESCRIPTION OF PROBLEM:

First happened when? _____ How often? _____

Accelerating? _____ Slowing? _____ At idle? _____ Steady speed? _____

Warning lights on? _____ Gauges out of range? _____

When car is cold? _____ When car is warm? _____

Affected by any certain type of weather? _____

Ever happened before? _____ Ever serviced for this before? _____

Any other ways vehicle does not function correctly? _____

Any other services while vehicle is already here? _____

I hereby authorize the repair of the above vehicle as described in this form. I agree this company is not responsible for loss or damage to this vehicle and/or loss of articles caused by fire, theft or any other cause beyond their control, or for any delays caused by the unavailability of parts or shipping delays. I also hereby grant permission to this company's employees to operate the above vehicle for the purpose of testing and/or inspection. To secure payment in the amount of the repairs thereto, an expressed MECHANIC'S LIEN on the above vehicle is acknowledged.

SIGN _____ DATE _____ TIME _____