

NAME_





Early Bird Service

TRY TO COMPLETE REPAIRS BY _____ AM / PM WE MUST BE ABLE TO REACH YOU TO CONSULT ON REPAIRS AND COSTS.

IF YOU CAN'T BE REACHED BY PHONE PLEASE CALL US BETWEEN 10:30 AND 11:30 AM. (714) 832-3111

ADDRESS		<u></u>	
CITY	ZIP		
MODEL	YEAR		
.ICENSE#	COLOR		
WILEAGE		EMAIL	
OIL & FILTER TUNE UP CHASSIS LU BELT ADJUS FLUID CHAR 4-WHEEL AR	BRICATION TMENTS, TRANSMISSION NGE LIGNMENT (Explain Condition STMENT	ANCE ADDITIONAL SERVICES YOU WISH PERFORMED (continue on back if necessary) I WANT ALL REPLACED PARTS TO BE RETURNED: YES NO AMOUNT AUTHORIZED NOT TO EXCEED: \$50 \$100 \$150 \$200	
	IMI	PORTANT	
THE "EAF ENVELOP SERVICE 3. SIGN HEF AUTHORI 4. DROP EN	OMPLETED TH KEYS IN RLY BIRD" E FROM THE DEPARTMENT RE TO ZE WORK VELOPE IN RLY BIRD" done al are not left in value shipme and/or herein purpos lien is lamount amount your Si	y authorize the repair work hereinafter set forth to be long with the necessary material and agree that you responsible for loss or damage to vehicle or articles wehicle in case of fire, theft or any other cause or for lays caused by unavailability of parts or delays in parts ent by the supplier or transporter. I hereby grant you your employees permission to operate the vehicle described on streets, highways or elsewhere for the se of testing and/or inspection. An expres mechanic's hereby acknowleged on above vehicle to secure the t of repairs thereto.	