

SERVICE HOURS

Monday through Friday 7:30 am - 6:00 pm

Repair work performed 8:00 am - 5:00 pm Monday through Friday

- 1) Write your service requests on the envelope, use other side if you need more space.
- 2) Provide a phone number you may be reached at during the work day.
- 3) Ensure your car is locked and not blocking the driveway. Place keys in envelope and drop through mail slot.

4) *Work Cannot be started unless we have your signature in both Customer Signature blocks.

WAIVER OF ADVANCE ESTIMATE

I voluntarily request that repairs be performed on my vehicle without an advance estimate of their cost. By signing this form I authorize reasonable and necessary costs to remedy the problems complained of up to a maximum of \$_____. The repair shop may not exceed this amount without my written or oral consent.

I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to this vehicle or articles left in case of fire, theft or any other cause or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on street, highways or elsewhere for the purpose of testing and or inspection. An express mechanics lien is hereby acknowledged on above vehicle to secure the amount or repairs thereto.

X

*CUSTOMER SIGNATURE REQUIRED HERE

X

*CUSTOMER SIGNATURE REQUIRED HERE

Name _____

Address _____

City _____

Make Vehicle _____ Color _____ Mileage _____ Lic# _____

You may reach me by calling: Business _____ Home _____

Do not exceed \$ _____ without contacting me first. Cell _____

SCHEDULED WORK TO BE PERFORMED:

☐ _____ Mile Scheduled Maintenance (oil & filter change inc.)

☐ Parts will be discarded unless this box is checked

State Repairs needed below (use other side if necessary)

LATE PICKUP PAYMENT AND LOCKOUT AUTHORIZATION:

I _____ voluntarily request and hereby authorize **RILEY VOLVO CARS STAMFORD** to lockout my vehicle in service parking lot located at 107 Myrtle Ave., as I will be unable to pickup the vehicle until after business hours. In consideration of **RILEY VOLVO CARS STAMFORD** extending to me this convenience.

I hereby release and discharge **RILEY VOLVO CARS STAMFORD** from any and all claims for loss of, or damage to my vehicle or articles left therein, in case of fire, theft or any other cause whatsoever. I understand that my keys will be left in the car as agreed to by me.

Signature _____ Date _____

METHOD OF PAYMENT FOR LOCKOUT

Credit Card Type _____

Card Number _____

Expiration Date _____