



TOM WOOD

AUTOMOTIVE GROUP

Early Bird Service

NAME _____

ADDRESS _____

CITY _____ ZIP _____

MODEL _____ YEAR _____

LICENSE # _____ COLOR _____

MILEAGE _____

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

Home Phone _____

CELL PHONE _____

EMAIL _____

IF YOU CAN'T BE REACHED BY PHONE PLEASE
CALL US BETWEEN 10:30 AND 11:30 AM.

☐ PLEASE PERFORM THE FOLLOWING SERVICES.

☐ _____ MILE MAINTENANCE

☐ OIL & FILTER CHANGE

☐ TUNE UP

☐ CHASSIS LUBRICATION

☐ BELT ADJUSTMENTS, TRANSMISSION FLUID

☐ CHANGE, & COOLING SYSTEM FLUSH

☐ FRONT END ALIGNMENT (Explain Condition)

☐ VALVE ADJUSTMENT

☐ WHEEL BEARING SERVICE

☐ TIRE ROTATION

DESCRIBE CONDITION/COMPLAINT AND
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

☐ OTHER: _____

METHOD OF PAYMENT:

☐ CASH CHECK CREDIT CARD

☐ OTHER: _____

IMPORTANT

1. LOCK YOUR CAR
2. PLACE COMPLETED
FORM WITH KEYS IN
THE "EARLY BIRD"
ENVELOPE FROM THE
SERVICE DEPARTMENT
3. SIGN HERE TO
AUTHORIZE WORK
4. DROP ENVELOPE IN
OUR "EARLY BIRD"
SLOT

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 vehicle or articles left in vehicle in case of fire, theft or any other cause or for any delays caused by unavailability of parts or delays in parts shipment by the supplier or transporter. I hereby grant you and/or your 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 repairs thereto.

X _____

Your Signature

Date _____