

# SKYLINE AUTOMOTIVE

## AUTO REPAIR DROP-OFF CONSENT FORM

Customer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Vehicle Year/Make/Model: \_\_\_\_\_

Plate #: \_\_\_\_\_ Odometer: \_\_\_\_\_

**Do you need an extra key?** ☐ Yes ☐ No

**Optional Services (check all that apply):**

☐ Tire Rotation ☐ General Service ☐ Front Wiper Blades ☐ Rear Wiper Blades

**Reason for Drop-Off / Symptoms:**

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### CONSENT AND TERMS OF SERVICE

**\*\*Minimum Diagnostic Charge:\*\*** \$169 includes check-in, visual inspection, system scan, data analysis.

**\*\*Diagnostic Approval:\*\*** Up to 1 hour of diagnostics/testing without further approval. Extra time requires consent.

**\*\*Additional Diagnostics:\*\*** Over 1 hour billed separately at standard labor rates, with prior approval.

**\*\*Fluids Consent:\*\*** Fluids will be topped off/adjusted as needed and charged accordingly.

**\*\*Liability:\*\*** Not responsible for damage or lost items left in vehicle. Remove all valuables. Not responsible for theft or damage after hours.

**\*\*Payment & Release:\*\*** Vehicle released only after full payment. \$55/day storage after 24 hours unless arranged.

**\*\*Towing:\*\*** All towing costs are customer's responsibility.

**\*\*Payment Policy:\*\*** A 4% surcharge applies to all credit card transactions. No personal checks accepted. Cashier's checks and cash are accepted.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Shop Representative (optional): \_\_\_\_\_