

Gainesville Tire Service - Drop Off Form

Please read carefully, check one of the statements below, and sign: I understand that under state law I am entitled to a written estimate, if my repair bill will exceed \$100.

- I request a written estimate
- I do not request a written estimate as long as the repair costs do not exceed \$_____
- You may not exceed \$_____ without my written or verbal approval
- I do not request a written estimate

Signed: _____ Date: _____

| | | |
|------------|------------|-------|
| Name | | |
| Address | | |
| City | State | Zip |
| Home Phone | Work Phone | Other |
| Email | | |

| Make/Year of Car | Model | Color | Mileage | License # | State |
|------------------|-------|-------|---------|-----------|-------|
| | | | | | |

| |
|--|
| Method of Payment: __Cash __Check __Charge __Credit Card |
|--|

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|--|
| Alternative contact who may authorize repair work: Name: _____ Phone: _____ |
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|---|
| Please describe the problems you would like investigated and/or maintenance you would like performed on your vehicle: |
|---|

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|---|
| _____ I want old parts returned _____ I do not want old parts returned |
|---|