

**Greg Bates Automotive**  
**1100 S. Washington St., Tuscola, IL 61953**  
**phone 217-253-2721 fax 217-253-9552**

**After Hours Drop Off Form**

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Name - \_\_\_\_\_

Street Address - \_\_\_\_\_

City - \_\_\_\_\_ State - \_\_\_\_\_ Zip - \_\_\_\_\_

Home phone - \_\_\_\_\_ Work Phone - \_\_\_\_\_

Cell phone - \_\_\_\_\_

What is the best way to contact you tomorrow? \_\_\_\_\_

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Vehicle year - \_\_\_\_\_ Make/Model - \_\_\_\_\_

Color - \_\_\_\_\_ License Number - \_\_\_\_\_

**SERVICES REQUESTED:** (please circle)

Tire Rotation

Coolant Flush

A/C Test

Lube, Oil, Filter

Trans Fluid Flush

Chassis Dyno

Motorvac Fuel System Cleaning

Fuel filter replacement

Other (explain) - \_\_\_\_\_

**PROBLEM AREAS TO CHECK** (please describe the problem or call us in the morning to explain in detail)- \_\_\_\_\_

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I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car, truck, or 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 the above car, truck, or vehicle to secure the amount of repairs there to: Authorized by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please place this completed form and your key in an envelope and place in our NIGHT DROP BOX. Thank you! Greg Bates Automotive