

ProCare Automotive Service Centers

1001 Jefferson Ave. • Toledo, OH 43624 • 419-241-1306

Visit our website: www.procareauto.com

Factory & Scheduled Maintenance Services • Free Shuttle Service

Premium Services:

Name _____

Place of Employment _____

Address _____

Daytime Phone _____

Vehicle Make _____

Vehicle Model _____

Vehicle Color _____

License Plate No. _____

Garage Port Lawrence

Superior

Vistula

Parking Space No. _____

(If Reserved)

Lube, Oil & Filter

Brakes

Mechanical/Diagnostic Estimate

Cooling System Service

Tire Rotation/Bal.

Other/Explain _____

REPLACED PARTS WILL BE MADE AVAILABLE UNLESS SPECIFIED OTHERWISE

DISCARD _____

Initial

ESTIMATE

You have the right to an estimate of the cost of repairs or services which you are requesting. Your bill will not be higher than the estimate by more than ten per cent unless you approve a larger amount before repairs are finished. You can choose the kind of estimate you want to receive by signing your name under one of the following choices and indicating a telephone where you can be reached if necessary.

If Written Estimate is Desired

Customer Must Return to Sign and Receive Copy of Estimate

(a) WRITTEN ESTIMATE _____
CUSTOMER SIGNATURE

(b) ORAL ESTIMATE _____
CUSTOMER SIGNATURE

(c) NO ESTIMATE _____
CUSTOMER SIGNATURE

In the event that you, the customer, authorize commencement but do not authorize completion of a repair or service, a charge will be imposed for disassembly, reassembly or partially completed work. Such charge will be directly related to the actual amount of labor or parts involved in the inspection, repair or service.

I hereby authorize the repair work herein set forth to be done by you, together with the furnishing by you of the necessary parts and other material for such repair, and agree: that you are not responsible for any delays caused by unavailability or delayed availability of parts or material for any reason; that you neither assume nor authorize any other person to assume for you any liability in connection with such repair; that you shall not be responsible for loss of or damage to the above vehicle, or articles left herein, in case of fire, theft or other cause beyond your control; that an express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto; that your employees may operate the above vehicle on streets, highways or elsewhere for the purpose of testing and/or inspecting such vehicle.

PLEASE SIGN: x _____ DATE _____

Type of Credit Card: MASTERCARD VISA AMEX DISCOVER

Credit Card # _____

Exp Date: _____

Name on Credit Card: _____

Signature Authorizing cc: _____

CUSTOMER: Keep Yellow Copy



Please call

419-242-7515

with questions or comments.