

Caton Auto Clinic Mall Night Drop Form

Personal Information:

Name: _____ **Date:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Secondary Phone:** _____
Email (So we can send coupons): _____

Vehicle Information:

Make: _____ **Model:** _____ **Color:** _____ **Year:** _____
My car is here today for (please circle):
-Lee Myles Transmissions -Caton Auto Clinic -American Car Care

Engine/Transmission Performance (Circle All that Apply)

Slips or Hesitations	Problems Shifting	Jerks on the shift
No movement at all	No forward movement	No movement in reverse
Jumps out of gear	No power	Leaking
Speedometer not working	Bangs into gear	Cruise Control not working
Engine runs rough	Engine hard to start	Vehicle overheating

Unusual Noises/ Vibrations (please explain): _____

The main problem with my car is: _____

The problem is (please circle): -Intermittent -Constant (at all times) -Only in AM

I would also like to have done: _____

Have these problems been worked on before? _____

Briefly state any other conditions that were experienced or repair work performed in the last six months: _____

Are there any adjustments on your vehicle you would like us to pay special attention to? _____

By signing below, I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employee's permission to operate the vehicle described for testing and/or inspection. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. WE ARE NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT, OR ANY OTHER CAUSE.

Signed: _____ **Date:** _____