

CUSTOMER INFORMATION



Name: _____

How Did You Hear About Us? **OR** What Made You Think To Come Back? _____

Best Contact Phone # _____

Email Address _____

Address: _____

City: _____ State: _____ Zip: _____

Automobile Information:

Year: _____ Make: _____ Model: _____

Vehicle Issues and/or Concerns:

I authorize Buellton Garage and its employees to operate the above vehicle for the purpose of testing, inspection or delivery at my risk. Buellton Garage will not be responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, accident or any other cause beyond our control.

I acknowledge Buellton Garage's policy of a diagnostic charge starting at \$125.00 and a vehicle storage fee of \$40/day past the date of completion. I will be notified of repair costs before work is performed.

Signature _____ **Date** _____

PLEASE TAKE ALL VALUABLES OUT OF YOUR VEHICLE