



# Delta V Motorsports After Hours Drop-off Form

Please fill out this form completely, noting the requested service and/or describing any problems you are having with your vehicle. When dropping off, place this form and your keys in an envelope and put it in the drop box at the shop.

| Name:  |  | Email:                               |   |                                      |
|--|--|--------------------------------------|---|--------------------------------------|
| Address:   |  | City:                                | State:                                      | Zip:                                 |
| <input type="checkbox"/> Mobile Phone:   |  | <input type="checkbox"/> Home Phone: |   | <input type="checkbox"/> Work Phone: |
| <i>PLEASE BE SURE TO CHECK WHICH PHONE NUMBER WE SHOULD USE TO CONTACT YOU TODAY</i>   |  |                                      |   |                                      |
| License Plate:   | Year:  | Make:                                | Model:                                      | Color:                               |
| Service Requested  | Description  |                                      |   |                                      |
| <input type="checkbox"/> Oil Change<br><input type="checkbox"/> with Engine Flush (\$22.95 additional)   |  |                                      |   |                                      |
| <input type="checkbox"/> Check Engine Light (or other lights)  | How long has the light been on?  | Are there any drivability issues?    |   |                                      |
| <input type="checkbox"/> 30/60/90K Service   |  |                                      |   |                                      |
| <input type="checkbox"/> Timing Belt / Water Pump  |  |                                      |   |                                      |
| <input type="checkbox"/> Hard Start Cold   |  |                                      |   |                                      |
| <input type="checkbox"/> Hard Start Warm   |  |                                      |   |                                      |
| <input type="checkbox"/> Rough Running   |  |                                      |   |                                      |
| <input type="checkbox"/> Transmission Service  |  |                                      |   |                                      |
| <input type="checkbox"/> Overheating   |  |                                      |   |                                      |
| <input type="checkbox"/> Air Conditioning  |  |                                      |   |                                      |
| <input type="checkbox"/> Brakes  | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Both   |                                      |   |                                      |
| <input type="checkbox"/> Oil / Coolant Leak  | Location: <input type="checkbox"/> front <input type="checkbox"/> rear <input type="checkbox"/> drivers side <input type="checkbox"/> center <input type="checkbox"/> passenger side   |                                      |   |                                      |
| <input type="checkbox"/> Exhaust   |  |                                      |   |                                      |
| <input type="checkbox"/> Tires   | <input type="checkbox"/> Replace <input type="checkbox"/> front <input type="checkbox"/> rear  |                                      | <input type="checkbox"/> Rotate and balance |                                      |
| <input type="checkbox"/> State Inspection  |  |                                      |   |                                      |
| <input type="checkbox"/> Track Inspection  |  |                                      |   |                                      |
| <input type="checkbox"/> Detailing   | <input type="checkbox"/> \$20 basic wash <input type="checkbox"/> \$65 wash and seal <input type="checkbox"/> Review and call with recommendation/estimate   |                                      |   |                                      |
| <input type="checkbox"/> Vehicle is making a noise from the:<br>The noise sounds like:   | <input type="checkbox"/> Engine <input type="checkbox"/> Transmission <input type="checkbox"/> Suspension <input type="checkbox"/> Exhaust <input type="checkbox"/> Interior <input type="checkbox"/> Brakes<br><input type="checkbox"/> Clunking <input type="checkbox"/> Squealing <input type="checkbox"/> Hissing <input type="checkbox"/> Grinding <input type="checkbox"/> Rubbing <input type="checkbox"/> Crunchy <input type="checkbox"/> Other |                                      |   |                                      |
| <input type="checkbox"/> Other Maintenance / Repairs / Noises / Special Considerations? Please describe the problem:   |  |                                      |   |                                      |
| <b>If this is the first time that we have serviced your vehicle, please let us know who we can thank!</b><br><input type="checkbox"/> Yelp <input type="checkbox"/> Facebook <input type="checkbox"/> Bimmershops.com <input type="checkbox"/> Website <input type="checkbox"/> Google <input type="checkbox"/> Event <input type="checkbox"/> Friend: <input type="checkbox"/> Other:   |  |                                      |   |                                      |
| <i>I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that Delta V Motorsports is not responsible for loss or damage to vehicle or articles left in vehicle. In case of fire, theft or any other cause beyond the control of Delta V Motorsports or for any delays caused by unavailability of parts or delays in part shipments by the supplier or transporter. I hereby grant Delta V Motorsports and its employee's permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and / or inspection.</i> |  |                                      |   |                                      |
| Please sign here:  |  |                                      | Date:                                       |                                      |

***DID YOU REMEMBER TO LEAVE YOUR KEYS?***