

7001A Manchester Blvd Alexandria, VA 22310 703-719-7606

AFTER HOURS DROP OFF FORM

Instructions: Print out and fill out the information below. Insert form and your key into an envelope provided in our dropbox that is located on the brick column by door marked "deliveries". Place the envelope in the night drop slot found to the left of the door marked "deliveries".

| NAME: When would you like your vehicle returned? Check if you have an appointment | | | |
|---|---|-----------------|--|
| | | Street Address: | |
| | | Zip Code: | |
| Cell Phone: | | | |
| Email: | | | |
| Alternate Phone: | | | |
| Vehicle Year, Make and I | VIodel: | | |
| License Plate: | Color: | | |
| HOW CAN WE HELP YOU | ? | | |
| Check one: | | | |
| I would like to keep my old pa | arts. | | |
| I would like Craftsman Auto Ca | are to discard/recycle my old parts. | | |
| responsible for loss or damage to vehicle or articles left in vehicles caused by unavailability of parts or delay in parts ships and/or employees permission to operate the vehicle herein deinspection. An express mechanic's lien Is hereby acknowledged. | along with the necessary material and agree that Craftsman Auto Care is not nicle in case of fire, theft, or any other cause beyond our control or for any ments by the supplier or transporter. I hereby grant Craftsman Auto Care escribed on streets, highways or elsewhere for the purpose of testing and/or ged on above vehicle to secure the amount of repair thereto. Craftsman Auto such as guns, cameras, phones, laptops, tablets, clothing, money, etc. | | |
| Please SIGN HERE: | DATE: | | |