

Silverdale Autoworks

Work Authorization Form

Customer Name _____ Best Daytime Phone _____

E-Mail address _____ Alt Phone _____

Mailing Address _____

Vehicle Year _____ Make _____ Model _____ Engine _____

VIN # _____ Mileage _____ 4WD / AWD / FWD / RWD

Customer Concern: Ck Engine Light On Brake/ ABS Light on No Start/No Crank

Coolant Leaks Oil Leaks Noise Insp. Overheating

Other/Explain: _____

Customer Request: Oil Service Brake Insp. Factory Specified Maintenance _____

Timing Belt Repl. Alignment Drive Belts Transmission Service A/C Service

Other/Explain _____

REPAIR AUTHORIZATION

I hereby authorize Silverdale Autoworks Inc. including its officers, agents and employees, to estimate and repair my vehicle. I grant Silverdale Autoworks Inc permission to operate the vehicle for the purposes of diagnosis, testing and inspection. An expressed mechanic's lien is acknowledged for amount of repairs in addition to releasing the business from liability for loss or damage to vehicle or articles left in vehicles in case of fire, theft, or other cause beyond the control of Silverdale Autoworks Inc

I authorize the above Initial Inspections/Testing/Repairs to be performed and not to exceed \$ _____

without my further approval. Signature _____ Date _____