

**TRENT'S GARAGE
COMPLETE CAR CARE CENTER
2023 NW 92ND CT SUITE D * CLIVE, IA 50325
515-276-9797**

DATE _____

CUSTOMER INFORMATION

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

CELL PHONE _____

HOME PHONE _____ OTHER PHONE _____

E-MAIL ADDRESS _____

HOW DID YOU HEAR ABOUT US? _____

VEHICLE INFORMATION

YEAR _____ MAKE _____ MODEL _____

ENGINE _____ VIN CODE _____

LICENSE _____ STATE _____

COLOR _____ MILEAGE _____

PROBLEMS TODAY _____

You are entitled to a price estimate for the repairs you have authorized. The repair price may be less than the estimate, but will not exceed the estimate without your permission. Your signature will indicate your estimate selection.

1. I request an estimate before you begin repairs. _____
2. Please proceed with repairs, but call me before continuing if the price will exceed \$ _____
3. I do not want an estimate. _____

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs hereto. I understand there is a \$10 per day storage fee for vehicle left over 5 days. I understand that the shop is not responsible for loss or damage to cars or articles left in cares in case of fire or theft or any cause beyond our control.

CUSTOMER SIGNATURE _____