

51 Macy Street  
 (Route 110)  
 Amesbury, MA 01913  
 978.388.5959

**TO OUR EARLY MORNING OR LATE EVENING SERVICE CUSTOMERS**

1. Write your name on the outside envelope.
2. Fill out the Repair Agreement on the second page.
3. Park your vehicle in assigned area and lock all doors.
4. Place your keys in the envelope with both completed forms.
5. Be sure to leave a phone number where you can be reached.
6. Drop the envelope in mail slot in entrance door.

Name: \_\_\_\_\_ Lic. Plate: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Mileage: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home or Business Phone: \_\_\_\_\_

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ Color: \_\_\_\_\_

Do you want old parts?  Yes  No

**USE THIS HANDY CHECK LIST:**

- |   |   |
|---|---|
| <input type="checkbox"/> Scan and Diagnose Check Engine Light | <input type="checkbox"/> Check Belts              |
| <input type="checkbox"/> Oil Service                          | <input type="checkbox"/> Replace Wiper Blades     |
| <input type="checkbox"/> Transmission Service                 | <input type="checkbox"/> Service Air Conditioning |
| <input type="checkbox"/> _____ Mile Maint. Service            | <input type="checkbox"/> Exhaust Section          |
| <input type="checkbox"/> _____ Month Maint. Service           | <input type="checkbox"/> Replace Shocks           |
| <input type="checkbox"/> Rotate and Balance Tires             | <input type="checkbox"/> Scope Engine             |
| <input type="checkbox"/> Check Brakes                         |   |
| <input type="checkbox"/> Other Work (Details): _____          |   |

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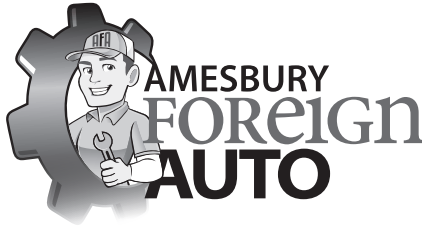
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I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. Amesbury Foreign Auto is not responsible for unavailability of parts or delays in parts shipments beyond their control nor for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond our control.

**CALL ME WITH ESTIMATE BEFORE ANY WORK IS PERFORMED**  YES  NO ESTIMATE NEEDED

What time would you like to pick up your car? \_\_\_\_\_

Please Sign: \_\_\_\_\_



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## REPAIR AGREEMENT

Customer Name: \_\_\_\_\_ Phone (C): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (W): \_\_\_\_\_

Email: \_\_\_\_\_ License #: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

### Labor Charges:

The Estimate of Repair includes parts, labor and diagnosis. Please be advised that Amesbury Foreign Auto (AFA) has posted labor rates below. Any labor charges will be the customer's responsibility. If, on further inspection, additional parts or repairs are needed, the Customer will be contacted for prior authorization.

MECHANICAL \$109.90/H	*HAZ WASTE \$5	*BATTERY FEE \$5 P/BATTERY
DIAGNOSTICS \$130/H	*SHOP SUPPLIES 3% of Total Bill	TEARDOWN FEE \$200/Max 2.5HR
SHOP CHRG/ADM \$100	*TIRE DIS FEE \$5.00 P/NEW TIRE	STORAGE \$50 P/DAY

\*This represents costs to the motor repair facility for miscellaneous shop supplies or waste disposal.

### Storage Policy:

Once the repair of the vehicle is completed, the vehicle must be picked up and paid in full within 72 hours of notice or storage charges will accrue. If vehicle is returned to a Customer before repairs are performed, storage beginning the day the vehicle was brought in, diagnostic charges, tow bill, handling charges, will be paid before the vehicle is released. No storage is due if the vehicle is repaired at AFA, except as stated hereinabove.

### Authorization for Repair:

I, the Customer, hereby authorize AFA to complete repairs. I acknowledge the policies and practices explained and personally guarantee that I will pay all sums upon presentation of a final invoice. Should I default in the payment, I grant a lien on said vehicle to AFA and understand that my vehicle will not be released to me until the amount due is paid in full. If payment is not paid within 30 days, AFA will proceed with filing a lien on the vehicle for acquisition of the title. Payment including work performed, storage, administrative, tow bill, collection expenses and attorney's fees will be due prior to the release of the lien.

I authorize permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. I also agree to divulge any information on pre-existing conditions that could deem the vehicle unsafe for test-drive.

### Personal Items:

I, the Customer, will be responsible for loss or damage to my vehicle from fire, theft and accidents. Furthermore, I, the Customer, will be responsible for any personal items left in the vehicle (or any loss caused beyond AFA's control). I, the Customer, represent and agree to remove all personal items from my vehicle before any work is commenced.

### Terms of This Agreement:

The Customer agrees to carry full property casualty and liability insurance.

The Customer and AFA agree that this Agreement shall not be assignable without the written consent of all parties hereto.

The Customer hereby agrees to pay One Hundred (\$100.00) Dollars for any returned check, such as non-sufficient funds, account closed, stop payment, or for any other reason.

This Agreement shall be construed in accordance with the laws of the State of Massachusetts. Any action brought to enforce or interpret this Agreement shall be brought in a court of competent jurisdiction in Essex County, Massachusetts.

If any action at law or in equity is necessary to enforce or interpret the terms of this Agreement, the prevailing party in litigation or Arbitration shall be entitled to receive reasonable attorney's fees, expenses, costs of appeal, and necessary disbursements in addition to any other relief to which that party may be entitled.

### ESTIMATE AUTHORIZATION AND ACKNOWLEDGMENT OF POLICIES:

**Please read carefully, check one of the statements below and sign:**

- I request a written estimate
- I do not request a written estimate as long as the repair costs do not exceed \$\_\_\_\_\_. The shop may not exceed this amount without my approval.
- I do not request a written estimate.

### Repair Authorization Signature/Acknowledgment of Policies

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_