

Service Hours:
7:30 to 6:00
Monday thru Friday

GAYNOR'S Automotive

Professional Service and Repair



HAZEL DELL
(360) 574-4416

SALMON CREEK
(360) 576-4056

DOWNTOWN
(360) 906-8000

Name _____ Car: Year _____ License# _____
Address _____ Make/Model _____ Color _____
City _____ State _____ Zip _____ Mileage _____
Phone-Bus. _____ Phone-Res. _____

1. WRITE YOUR ORDER ON THIS FORM.
2. PLEASE AUTHORIZE A DOLLAR AMOUNT TO AVOID DELAYS.
3. YOU MUST SIGN THIS FORM BEFORE REPAIRS CAN BE STARTED.
4. BE SURE TO LEAVE A PHONE NUMBER WHERE YOU CAN BE REACHED.
5. PLACE YOUR KEYS AND THIS FORM IN AN ENVELOPE.
6. DROP ENVELOPE IN SLOT NEXT TO FRONT DOOR.

SERVICE REQUESTED

- | | |
|--|--|
| <input type="checkbox"/> Cooling system flush | <input type="checkbox"/> Battery service |
| <input type="checkbox"/> DOE emission failure | <input type="checkbox"/> Starter & charging system analysis |
| <input type="checkbox"/> Change oil, filter & lube | <input type="checkbox"/> Transmission fluid & filter service |
| <input type="checkbox"/> Oil leaks | <input type="checkbox"/> Service air conditioning system |
| <input type="checkbox"/> Tune-up | <input type="checkbox"/> Balance wheels |
| <input type="checkbox"/> Front end alignment | <input type="checkbox"/> Replace shocks/struts |
| <input type="checkbox"/> Front end repairs | <input type="checkbox"/> Computer engine diagnosis |
| <input type="checkbox"/> Rotate tires/balance tires | <input type="checkbox"/> 30,000 mile service |
| <input type="checkbox"/> Repack front wheel bearings | <input type="checkbox"/> 60,000 mile service |
| <input type="checkbox"/> Front/Rear brake | <input type="checkbox"/> Emission test failure |
| <input type="checkbox"/> Pre Purchase inspection | |

Other Work (Details)

Do you want old parts? Yes No

GAYNOR'S AUTOMOTIVE IS NOT RESPONSIBLE FOR VEHICLES LEFT ON OUR LOT AFTER HOURS.

YOU ARE ENTITLED TO A WRITTEN PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. YOU ARE ALSO ENTITLED TO REQUIRE THE REPAIR FACILITY TO OBTAIN YOUR ORAL OR WRITTEN AUTHORIZATION TO EXCEED THE WRITTEN PRICE ESTIMATE.

- _____ 1. I request an estimate in writing before you begin repairs. Contact me if the price will exceed this estimate by more than ten percent.
_____ 2. Proceed with repairs but contact me if the price will exceed \$ _____
_____ 3. I do not want a written estimate.

Signature: _____

Date: _____ Time: _____

INI AMT 800-437-6003 [83103]

We cannot begin repairs without an authorized dollar amount.

Authorized Dollar Amount: _____