Bill Page Honda

6715 Arlington Boulevard Falls Church, VA 22042

	Service Department (703) 533-5050 /51	1 /52	
YEAR MAKE & MOD	DELCOLOR _	MILEAGE	
TAG DESCRIPTION	DESIRED TIME FOR PICK UP		
NAME	EMAIL		
ADDRESS			
CITY	STATE	ZIP	
HOME PHONE	BUSINESS PHONE		
SCHED	ULED MAINTENANCE REQUESTED (C	CHECK ONE)	
3 months – 3,000 mile	es 20 months – 25,000 miles	36 months – 45,000 miles	
6 months – 8,000 mile	es 24 months – 30,000 miles	40 months – 50,000 miles	
12 months – 15,000 mile	es 28 months – 35,000 miles	44 months – 55,000 miles	
16 months – 20,000 mile	es 32 months – 40,000 miles	48 months – 60,000 miles	
OTHER SE	RVICES REQUESTED (CHECK AS MAN	NY AS NEEDED)	
Oil and filter change	Rotate and balance tires	A/C service	
VA State inspection	8	Cooling system service	
Emissions inspection Brake inspection	Check battery / charge system Inspect exhaust system	Transmission service Engine tune-up service	
Other required work (please provide details)_			
I hereby authorize the above repair work to be depermission to operate the vehicle herein describe mechanic's lien is hereby acknowledged on the aunavailability of parts or delays in parts shipmen fire, theft, or any cause beyond our control. Cust	ed on streets, highways, or elsewhere for above vehicle to secure the amount of rep its beyond dealer control nor for loss or da	the purpose of testing and/or inspection in the purpose of testing and/or inspection in the purpose of testing and/or inspection in the purpose of testing and it is a second to the purpose of testing and it is a second in the purpose of testing and/or inspection in the purpose of testing and in the purpose of tes	ion. An expres for cle in case of
THIS DEALER IS NOT RESPONSIBLE FOR ANY	VALUABLES LEFT IN YOUR VEHICLE (M	IONEY, GPS, SATELLITE RADIOS, CDs,	/DVDs, ETC.)
By Law you must co	mplete this section or no work	will be performed	
· · · · · · · · · · · · · · · · · · ·	ced parts if not returnable by warranty	Yes No	
	en estimate if repairs exceed \$50	Yes No	
_	ne may be charged not more than 10% ir se written estimate without his/her cons		
Customer consents for	•	Yes No	
YOUR SIGNATURE:	•	DATE:	

AFTER PRINT YOUR SIGNATURE IS REQUIRED