

Bill Page Honda

6715 Arlington Boulevard
Falls Church, VA 22042
Service Department (703) 533-5050 /51 /52

YEAR _____ MAKE & MODEL _____ COLOR _____ MILEAGE _____

TAG DESCRIPTION _____ DESIRED TIME FOR PICK UP _____

NAME _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

SCHEDULED MAINTENANCE REQUESTED (CHECK ONE)

3 months – 3,000 miles	20 months – 25,000 miles	36 months – 45,000 miles
6 months – 8,000 miles	24 months – 30,000 miles	40 months – 50,000 miles
12 months – 15,000 miles	28 months – 35,000 miles	44 months – 55,000 miles
16 months – 20,000 miles	32 months – 40,000 miles	48 months – 60,000 miles

OTHER SERVICES REQUESTED (CHECK AS MANY AS NEEDED)

Oil and filter change	Rotate and balance tires	A/C service
VA State inspection	Front end alignment	Cooling system service
Emissions inspection	Check battery / charge system	Transmission service
Brake inspection	Inspect exhaust system	Engine tune-up service

Other required work (please provide details) _____

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employee 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 the above vehicle to secure the amount of repairs thereto. Dealer is not responsible for unavailability of parts or delays in parts shipments beyond dealer control nor for loss or damage of vehicle or articles left in vehicle in case of fire, theft, or any cause beyond our control. Customer grants dealer permission to contact customer by telephone, mail, email, or facsimile.

THIS DEALER IS NOT RESPONSIBLE FOR ANY VALUABLES LEFT IN YOUR VEHICLE (MONEY, GPS, SATELLITE RADIOS, CDs/DVDs, ETC.)

By Law you must complete this section or no work will be performed

Customer wants replaced parts if not returnable by warranty	Yes	No
Customer wants written estimate if repairs exceed \$50	Yes	No
Customer agrees that he may be charged not more than 10% in excess of the cost of the written estimate without his/her consent.	Yes	No
Customer consents for additional repairs	Yes	No

YOUR SIGNATURE: _____

DATE: _____

AFTER PRINT YOUR SIGNATURE IS REQUIRED