

AFTER HOURS Repair Authorization



All Items marked in **BOLD** with an * (asterisk) are required. Additionally, this will serve as your temporary repair order. Madison Motor Werks, LLC will not be able to service your vehicle without this form completed & signed. Be sure to park your vehicle in our lot and lock the doors. **Place your keys and this completed form in the envelopes provided through the Key Drop slip in the front door.**

*Name _____

*Phone (where you can be reached) (_____) _____ - _____ ext: _____

Best time for us to call you with your estimate: _____

*Address _____
city, state zip

Email Address: _____

*License Plate # _____ *Make: _____ *Model: _____

*Car Year: _____ *Color: _____ *Current Mileage: _____

Please list the symptoms or problems that you would like us to inspect and/or repair. Please use the back of this form if additional space is needed, or you may attach a second sheet. The more information you can provide regarding exactly when a problem occurs and any related information will greatly assist the technician in those situations where duplicating the problem is needed to make an accurate diagnosis.

I, the Registered Owner, authorize Madison Motor Werks, LLC to perform the above repairs and furnish necessary materials. I understand any cost quoted is an estimate only. You are entitled by law to return of all parts replaced. EXCEPT those which are too heavy or large, and those required to be sent back to the manufacturer or distributor because of warranty work or an exchange agreement. In addition, you are entitled to inspect the parts which cannot be returned to you. Madison Motor Werks, LLC employees may operate the vehicle for inspection, testing, delivery at my risk. Madison Motor Werks, LLC will not be responsible for loss or damage to the vehicle or any articles left inside. I agree that Madison Motor Werks, LLC has the express lien on the above described vehicle for the exchange of parts labor furnished under this repair order, including those from any unpaid prior repair order(s) on this vehicle. If I fail to pay such charges, my vehicle will be held in lieu of payment and may become subject to the application of a Garage Keeper's Lien with the State of Mississippi. In the event of failure to pay charges when due, I agree to pay in addition to repair charges, normal shop rates for our time spent in collection efforts plus any reasonable attorneys fees and/or actual costs incurred in collection. Please sign below.

If you have already received an estimate, enter the amount of that estimate (This is the amount that you are authorizing).

If you **HAVE NOT** received an estimate, by signing below you are authorizing Madison Motor Werks, LLC up to \$125.00 for a preliminary inspection (including a "check engine" light) and/or diagnosis and/or repair unless otherwise noted above.

*Signature of vehicle owner: _____ Date _____

*Print Name _____

NO WORK CAN OR WILL BE PERFORMED WITHOUT AN AUTHORIZED SIGNATURE