



CCM AUTO REPAIRS

DROP-OFF ORDER FORM

1. Write your Order on this Form
2. Leave Form in your Vehicle
3. Leave your Vehicle on our Lot (Locked)
4. Place Keys in Key-Drop Shoot

Customer Name: _____

Address: _____

City: _____ Zip: _____

Mobile Phone: _____ Other: _____

Email Address: _____

Drop-Off Date: _____ Time: _____

Year: _____ Make: _____ Model: _____

Color: _____ Plate #: _____ Miles: _____

- Change Oil & Filter, please choose: Regular or Synthetic
- Pre-Trip Inspection
- Tire Leak
- Tire Rotation
- Tire Balance
- Tire Replacement
- Alignment
- Fluid Checkup
- Replace Wipers
- Brake Inspection
- Observed Leak
- Suspension Check
- Vibration or Noise
- Grinding or Scraping
- Squeaking
- NYS Inspection (must have appointment)
- Computer Diagnostic (engine light)

Additional Notes: _____
