



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, State & Zip: _____

Mobile Phone: _____ Other: _____

Email Address: _____

Drop-Off Date & Time: _____

Year/Make/Model: _____

Color: _____ Plate #: _____ Miles: _____

- Change Oil & Filter, please choose: Semi or Full 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: _____
