**UPTOWN AUTO SPECIALIST**

**501 River Rd. Jefferson, LA 70121**

**504-866-8392 / Fax 504-866-5756**

**VEHICLE DIAGNOSTIC/REPAIR AUTHORIZATION**

|  |
| --- |
| CUSTOMER INFO: |
| VEHICLE |  |
| NAME |  |
| ADDRESS |  |
| ZIP CODE |  |
| CELL PHONE |  |
| HOME/2ND PHONE |  |
| EMAIL |  |

**PLEASE CHECK ALL VEHICLE MAINTIENCE/CONCERNS THAT APPLY:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | CHECK ENGINE/SERVICE LIGHT SOON ON |  | OIL LEAK |
|  | BRAKE CHECK |  | OTHER FLUID LEAK: |
|  | OIL SERVICE |  | RUNNING ROUGH |
|  | CHECK FOR GENERAL MAINTIENCE DUE |  | SUSPENSION CHECK |
|  | MERCEDES A or B SERVICE |  | TRANSMISSION OR SHIFTING ISSUES |
|  | BATTERY/STARTING ISSUE |  | PRE/POST PURCHASE INSPECTION |
|  | A/C NOT BLOWING COLD |  | ROAD TRIP INSPECTION |
|  | A/C NOT WORKING |  | OTHER LIGHT ON: |
|  | OTHER: |

There is a **Preliminary Diagnostic Fee** *(Ask your Service Advisor)*  for any diagnostics. This fee is charged for time spent scanning for codes, a physical inspection, and preparing an estimate for repairs for your vehicle. By signing below, you agree to pay the diagnostics fee regardless of your decision to approve the recommended repairs or not*.* Vehicles left after 2 days of completion and no communication are subject to a daily storage fee and a lien may be filed.

I hereby authorize that Uptown Auto Specialist is not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond our control or delays caused by unavailability of parts. I hereby grant Uptown Auto Specialist employee’s permission to operate the car or truck herein described on street, highways or elsewhere for the purpose of testing and/or inspection.

Under Louisiana state law, vehicle repairs shall be authorized specifically by signature of vehicle owner or operator. As such all authorizations for repair work to vehicle will be approved by signature unless agreement to verbal authorization is requested below.

***I request and approve of a verbal authorization for repairs made to my vehicle.***

**Customer Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_

All Parts removed during our repair will be discarded unless instructed otherwise: Initial to save parts \_\_\_\_

Approval given by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time\_\_\_\_\_\_\_\_\_\_

**HOW WERE YOU REFERRED TO UAS?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only:

*Mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MFD:\_\_\_\_\_\_\_\_ Brakes:\_\_\_\_\_\_\_\_\_\_ Trans:\_\_\_\_\_\_\_\_\_*

|  |
| --- |
| VEHICLE INFO: |
| YEAR |  |
| MAKE |  |
| MODEL |  |
| LICENSE/STATE |  |
| TIRE SIZE(S) |  |
| PAINT CODE |  |
| VIN | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

**SAFETY CHECK LIST**