

**E & M Motors Auto Service**

3684 SE Dixie Highway  
Stuart FL. 34997 Fl. MV License # MV26507  
772-283-4610

[www.emmotors.net](http://www.emmotors.net)

Vehicle Drop off Form

Please fill in completely, Thank you!

Name \_\_\_\_\_ Referred by \_\_\_\_\_

Email \_\_\_\_\_

Phone Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_

Address \_\_\_\_\_ zip \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ License \_\_\_\_\_

Call me first if cost will be more than (circle one)

\$ 100 \$ 250 \$ 500 or \$ \_\_\_\_\_ Write in authorized amount

Service requested and/or symptoms of problem

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First happened when? \_\_\_\_\_ how often? \_\_\_\_\_

When car is cold? Warm? Ever worked on for this problem before? \_\_\_\_\_

Anything else not working correctly? \_\_\_\_\_

Please read carefully, check one of the statements below and sign

I understand under state law I am entitled to a written estimate if my final bill will exceed \$ 100.

\_\_\_\_\_ I request a written estimate.

\_\_\_\_\_ I do not request a written estimate as long

As the repair costs do not exceed & \_\_\_\_\_ the shop may not exceed this amount without my written or oral approval

\_\_\_\_\_ I do not request a written estimate

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_