A&S DIAGNOSTICS

Customer Authorization Form

Customer Information

Name	
Phone Number	
Address	
Email	

Vehicle Information

Year	Make	Model
VIN #		

Problem Description

For A&S only

☐ Diagnosis	☐ Mechanical
☐ Calibration	☐ Wire Repair
☐ Programming	☐ AC Recharge
☐ Alignment	☐ Other
☐ Oil Change	

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I hereby authorize A&S Diagnostics repair shop to make necessary repairs to my vehicle. If upon further inspection, additional parts and/or repairs are needed, I will be contacted for authorization. I hereby authorize employees of the repair shop to operate my vehicle for the purpose of testing, inspection or delivery.

I understand that it is my responsibility to remove personal belongings from my vehicle prior to repairs. I will not hold the repair shop or its employees responsible for any loss or damage to the vehicle or articles of personal property left in my vehicle, regardless of value, in case of fire, theft, accident or any other cause.

I understand that the total amount of the repair charges must be paid in full before the vehicle is released for pickup or delivery. In the event that I fail to pay the amount of the repairs, A&S Diagnostics will file a mechanic's lien on my vehicle. I further agree to pay reasonable attorney's fees and court costs in the event that legal action is necessary to enforce this contract.

_____ _____

Customer Signature *Date*