



# NICHOLAS' FLEET STREET SHELL

COMPLETE CAR CARE CENTER

Tel: 410-675-4338

601 S. Luzerne Ave.  
Baltimore, MD 21224



NAME \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

ADDRESS \_\_\_\_\_ VIN# \_\_\_\_\_ TAG# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ MILEAGE \_\_\_\_\_ DEL. DATE/TIME \_\_\_\_\_

HOME# \_\_\_\_\_ WORK # \_\_\_\_\_ E-mail \_\_\_\_\_

WHERE MAY WE REACH YOU TODAY? ☐ HOME ☐ WORK ☐ OTHER \_\_\_\_\_

WHERE IS? ☐ WHEEL LOCK KEY \_\_\_\_\_ WERE YOU TOWED? ☐ YES ☐ NO

## SERVICE REQUESTED

- |  |  |
|--|--|
| <input type="checkbox"/> RADIATOR _____                  | <input type="checkbox"/> ROTATE _____ TIRES _____          |
| <input type="checkbox"/> STEERING/SUSPENSION _____       | <input type="checkbox"/> STATE INSPECTION _____            |
| <input type="checkbox"/> STARTER _____                   | <input type="checkbox"/> STRUT/SHOCKS _____                |
| <input type="checkbox"/> TRANSMISSION _____              | <input type="checkbox"/> TIMING BELT _____                 |
| <input type="checkbox"/> 3000 MILE SERVICE _____         | <input type="checkbox"/> TUNE UP _____                     |
| <input type="checkbox"/> 7500/15/45 MILE SERVICE _____   | <input type="checkbox"/> AIR CONDITIONER _____             |
| <input type="checkbox"/> 30,000/60/90 MILE SERVICE _____ | <input type="checkbox"/> ALIGNMENT _____                   |
| <input type="checkbox"/> BRAKES _____                    | <input type="checkbox"/> BATTERY _____                     |
| <input type="checkbox"/> COOLING FLUSH _____             | <input type="checkbox"/> COOLING HOSES _____               |
| <input type="checkbox"/> DRIVE BELTS _____               | <input type="checkbox"/> CHECK EMISSIONS _____             |
| <input type="checkbox"/> EXHAUST _____                   | <input type="checkbox"/> ELECTRICAL, CHARGING SYSTEM _____ |
| <input type="checkbox"/> HEATER _____                    | <input type="checkbox"/> FLUID LEAKS _____                 |
|  | <input type="checkbox"/> NEW TIRES _____                   |

## ASK ABOUT CURRENT SERVICE SPECIALS

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 7500 MILE SERVICE | <input type="checkbox"/> WIPER BLADE SET        | <input type="checkbox"/> TIMING BELT   |
| <input type="checkbox"/> COOLANT FLUSH     | <input type="checkbox"/> FUEL INJECTION SERVICE | <input type="checkbox"/> HEADLIGHT SET |

OTHER CONCERNS / SERVICE  
NEEDED: \_\_\_\_\_

I AUTHORIZE ☐ \$200 ☐ \$300 ☐ \$400 ☐ \$500 ☐ PLEASE CALL FOR AUTHORIZATION

I HEREBY AUTHORIZED THE ABOVE WORK TO BE DONE, ALONG WITH THE NECESSARY MATERIAL AND HEREBY GRANT YOU, THE DEALER, AND/OR YOUR EMPLOYEES, PERMISSION TO OPERATE THE VEHICLE DESCRIBED ABOVE ON STREETS, HIGHWAYS, OR ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO. YOU, THE DEALER IS NOT RESPONSIBLE FOR UNAVAILABILITY OF PARTS OR DELAYS IN PARTS, SHIPMENTS BEYOND YOUR CONTROL OR FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, OR ANY CAUSE BEYOND YOUR CONTROL.

☐ I AM REQUESTING ROUTINE SERVCING ONLY,  
AND NO ESTIMATE IS REQUIRED.

☐ PLEASE PREPARE A WRITTEN ESTIMATE, THEN  
CALL ME FOR ORAL APPROVAL BEFORE ANY  
WORK IS PERFORMED. I UNDERSTAND I WILL  
RECEIVE A COPY OF THIS ESTIMATE BEFORE  
PAYMENT IS MADE.

PLEASE SIGN \_\_\_\_\_