

Vehicle Pick-Up & Delivery Services While You Work

Authorization Form

I,	(print name), authorize Rapid Lube to pick-up
my vehicle from my workplace, p	(print name), authorize Rapid Lube to pick-up erform the following services (check all that apply),
and then return my vehicle to my	
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□ Full Service Oil Change	
□ Window Chip Repair (free with	most auto insurance policies)
☐ Transmission Services	1 /
o	
Company Name:	
Company Name: Vehicle Make (example: Ford): _	
Vehicle Model (example: Ranger)):
Vehicle Color:	
Vehicle License Plate #:	
Contact Phone # for any questions	s:
Email:	
Proof of current vehicle registration	on & insurance is in the vehicle. I have discussed &
approved the costs of the above cl	hecked services with Rapid Lube. Rapid Lube will
contact me for my authorization of	of any additional services beyond those checked above.
	op-off has been discussed. Billing arrangements have
• • • • • •	e an itemized receipt of the services performed inside
*	e in the same area as it was picked up, a note will be left
with the keys regarding the new p	<u> </u>
, , ,	Ç
C: on otrono	Data
Signature:	Date:
EILL OUT CION & DATE TO	HC EODM 6- I EANE WITH VEHICLE IZEVCAT

FILL OUT, SIGN, & DATE THIS FORM & LEAVE WITH VEHICLE KEYS AT DESIGNATED KEY PICK-UP LOCATION ON SCHEDULED DATE OF SERVICE.