

GRAND AUTO SALES & SERVICES

SERVICE DROP-OFF & DIAGNOSTIC POLICY

WE'RE GLAD YOU'RE HERE. HERE'S HOW WE CAN SERVE YOU WELL.

Please speak with the service advisor before approaching technicians or opening a repair discussion in the lot.

DROP-OFF SERVICE

At this time, diagnostic and repair work is drop-off only. Waiting service is limited to pre-approved maintenance appointments.

NO PARKING-LOT DIAGNOSIS

Our technicians cannot diagnose vehicles, quote repairs, or inspect vehicles at the hood in the parking lot. That keeps their current customer's repair moving and allows us to give you an accurate answer.

AN ACCURATE QUOTE REQUIRES VEHICLE INFORMATION

Please provide your year, make, model, VIN/mileage, and the concern you are experiencing. If a diagnosis is needed, the advisor will quote the diagnostic charge before work begins.

DIAGNOSIS IS A PAID SERVICE

A scan, inspection, or testing procedure takes technician time and is not a free estimate. No repair beyond the approved diagnostic/inspection will be performed without your approval.

ESTIMATES AND TIMING

We will contact you with findings, an estimate, and next steps. Vehicle condition, parts availability, and prior repairs can affect final cost and completion time.

PLEASE CHECK IN FIRST

Leave keys only with the service advisor and complete the intake form. Do not leave a vehicle without checking in and receiving confirmation that we can accept it.

Thank you for respecting the process—it helps us repair cars correctly, faster, and fairly.

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SERVICE DROP-OFF & DIAGNOSTIC INTAKE

CUSTOMER NAME _____	PHONE _____
EMAIL _____	BEST CONTACT METHOD ☐ Call ☐ Text ☐ Email

YEAR _____	MAKE / MODEL _____	COLOR _____
LICENSE PLATE _____	MILEAGE _____	VIN (LAST 8 OK) _____

WHY ARE YOU DROPPING IT OFF? (Describe the concern, when it happens, warning lights, noises, leaks, etc.)

WHAT WORK HAS BEEN DONE RECENTLY? (Parts replaced / prior diagnosis / accident or tow history)

DIAGNOSTIC / INSPECTION AUTHORIZATION

- ☐ I authorize Grand Auto Sales & Services to perform an initial diagnostic inspection up to \$_____.
- ☐ Contact me for approval before any repair beyond the diagnostic/inspection.

I understand diagnostic time is a paid service and that an estimate cannot be guaranteed before inspection. I am responsible for approved diagnostic charges and any approved repairs.

CUSTOMER SIGNATURE _____	DATE _____
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OFFICE USE | RO #: _____ Received by: _____ Key tag #: _____ Vehicle location: _____