

B&B MUFFLER & AUTOMOTIVE SERVICE CENTER
3000 South Lamar Blvd. Austin, TX 78704
Phone: (512) 447-5581 Fax: (512) 447-4601
customerservice@bbmuffler.com

Service Work Request Form

Please fill in the following information in the electronically active fields to allow us authorization to commence diagnostic and/or repair work on your vehicle. If you prefer you can print the form, fill it out and email or fax it back to us at the enclosed fax phone number. **Initial Diagnostic Fee \$155.00**

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|--|---------------------------------|-------------------------------|
| Customer: <input type="checkbox"/> New | <input type="checkbox"/> Repeat | Date of Request: ___/___/20__ |
| Name _____ | Contact Phone # _____ | |
| Address _____ | City _____ | State _____ Zip _____ |
| Vehicle: Year _____ | Make _____ | Model _____ |
| License Plate Number: _____ | Color of Vehicle _____ | |
| VIN: _____ | | (if available) |

Please check box to add the towing charges to my invoice / bill (if applicable): Yes N/A

I authorize B&B Muffler and Automotive to perform an initial diagnostic to assess what is necessary to repair my vehicle. Customer authorizes the diagnosis and testing disassembly of the vehicle or subsystem(s) to identify, assess and estimate repair costs, and/or perform the necessary repair work herein set forth along with the necessary material(s) outlined before me by B&B Muffler and Automotive Service Center. I am the person, or agent acting on behalf of the person, who is obligated to pay for the repair of the motor vehicle mentioned and hereby grant approval to proceed.

Name or Authorized Agent (Print): _____

Signature / Electronic Acknowledgement: _____

TOTAL AMOUNT AUTHORIZED: \$ _____ Date: _____ R.O / P.O.#: _____

Please be advised that unforeseen conditions may be present that may affect estimated repair costs. Every attempt is made to accurately estimate what it takes to correct the customer complaint, however, revised estimates may be necessary upon disassembly.

**** NOTICE PURSUANT TO TEXAS PROPERTY CODE SECTION 70.001 ****

I am the person or an agent acting on behalf of the person who is obligated to pay for the authorized repairs or services rendered to the motor vehicle listed on this Repair Order contract. I have authorized the diagnostic and/or repair work herein. I understand that this vehicle is subject to repossession in accordance with Section 9.609 Texas Business and Commerce Code if a written order for payment for repairs or services rendered has been stopped, dishonored because of insufficient funds, no funds or because the drawer or maker of the order has no account or the account on which it is drawn has been closed.

Signature / Electronic Acknowledgement : _____ **Date:** _____, 20 __

Thank You!