

Good Samaritan Automotive Ministries

4809 Lewis Court
Granbury TX 76049
817 360 9226

Date of referral _____
Client's name _____
Address _____
Phone# _____

Church or Agency referring _____
Address _____
Contact Name _____
Contact Phone _____

Vehicle information
Make _____ Model _____ Year _____
Is vehicle drivable or will it need to be towed? _____
Description of problem with the car _____

Responsible party for the cost of part(s) needed.

Client

Signature _____

Church or Agency

Authorized Agent Signature _____

Financial assistance from Good Samaritan

Signature _____

All labor done by Good Samaritan Automotive Ministry will be done at no cost to either the client or organization. If parts are needed a quote will be given before any work will be done. Parts will be billed at our wholesale cost, no mark-up.

**Client must call and make appointment to bring the vehicle in.
Client must bring proof of ownership, insurance, completed referral form, and signed waiver with the vehicle.**

Insurance Expiration Date _____ Reviewer Initials _____