

# Vehicle Odor Removal Authorization Form

## Customer Information

Full Name

Phone Number

Email

## Vehicle Information

Make

Model

Year

VIN

License Plate

## Service Details

Description of Odor/Concern

Authorization Details / Instructions

Date of Service

Vehicle Drop-Off Time

**Terms & Authorization**

By signing below, I authorize vehicle odor removal service as described above. I understand that while all reasonable efforts will be made, complete odor elimination is not guaranteed.

Customer Signature

Date