



Quality Repair at an honest price!

Customer Name: _____

Address: _____

City: _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____

Cell Phone: _____ **Email Address:** _____

Year: _____ **Make:** _____ **Model:** _____

Color: _____ **License Plate:** _____ **Mileage:** _____

<input type="checkbox"/> Oil Change	<input type="checkbox"/> Check Engine Light On
<input type="checkbox"/> Tire Rotation	<input type="checkbox"/> Engine Running Poorly
<input type="checkbox"/> Transmission Service	<input type="checkbox"/> Low Fuel Mileage
<input type="checkbox"/> Brake Inspection	<input type="checkbox"/> Vibration or Noise
<input type="checkbox"/> Pre-Trip Inspection	<input type="checkbox"/> Warranty Work
<input type="checkbox"/> Replace Wipers	<input type="checkbox"/> Other

Other Services Needed/Description of Problem

Customer Signature: _____