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Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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YEAR \_\_\_\_\_

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

COLOR \_\_\_\_\_

LICENSE PLATE \_\_\_\_\_



Change Oil and Filter

Tire Rotation

Transmission Service

Brake Inspection

Inspect Tires

Pre-Trip Inspection

Check Engine Light On

Engine Running Poorly

Low Fuel Mileage

Vibration or Noise

\_\_\_\_\_ Mile Service

Replace Wipers

Other Services Needed/Description of Problem

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Customer Signature \_\_\_\_\_