



1. Write your order on this form.
2. Leave your vehicle **LOCKED** in our lot.
3. Drop your keys and this form in our drop box located on the red door.

Customer Name _____

Address _____

City _____ **Zip Code** _____

Phone _____ **Alternate Phone** _____

E-Mail Address _____

Year _____

Make _____

Model _____

Color _____

License Plate _____

- | | |
|--|--|
| <input type="checkbox"/> Change Oil and Filter | <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"/> Inspect Tires | <input type="checkbox"/> _____ Mile Service |
| <input type="checkbox"/> Pre-Trip Inspection | <input type="checkbox"/> Replace Wipers |



Other Service Needs/Description of Problem _____

Customer Signature _____ **Date** _____