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

Address \_\_\_\_\_

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

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

Email Address \_\_\_\_\_

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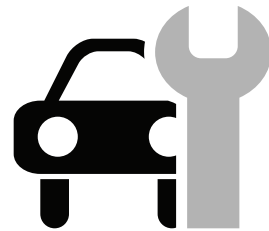
YEAR \_\_\_\_\_

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 Properly |
| <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 Services Needed/Description of Problem

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